

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CLINT DIDIER FOR CONGRESS

ADDRESS (number and street) PO BOX 157
 Check if different than previously reported. (ACC) ELTOPIA WA 99301

2. **FEC IDENTIFICATION NUMBER** C C00558502 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) WA 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms CHARLOTTE BENJAMIN
Signature of Treasurer Ms CHARLOTTE BENJAMIN *[Electronically Filed]* Date M M / D D / Y Y Y Y
11 / 21 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CLINT DIDIER FOR CONGRESS

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 86728.20 | 190789.20 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 86728.20 | 190789.20 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 63517.67 | 96292.49 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 63517.67 | 96292.49 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 124496.71 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 30000.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CLINT DIDIER FOR CONGRESS

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 50975.00 | 150200.00 |
| (ii) Unitemized..... | 35753.20 | 40589.20 |
| (iii) TOTAL of contributions from individuals ▶ | 86728.20 | 190789.20 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 86728.20 | 190789.20 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 30000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 30000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 86728.20 | 220789.20 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 63517.67 | 96292.49 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 63517.67 | 96292.49 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 101286.18 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 86728.20 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 188014.38 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 63517.67 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 124496.71 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. BRAD BIRDWELL

Mailing Address 17630 LAKE CYPRESS HILL DR

City State Zip Code
CYPRESS TX 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
G R BIRDWELL CONSTRUCTION CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.6148

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. ALAN BOWMAN

Mailing Address 956 ADAMS RD N

City State Zip Code
QUINCY WA 98848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALAN BOWMAN CO OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms SUSAN BOWMAN

Mailing Address 956 ADAMS RD N

City State Zip Code
QUINCY WA 98848

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JOHN BUHL

Mailing Address 1306 SQUIRE CT
STE B

City State Zip Code
STERLINE VA 20166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BUHL ELECTRIC CO IN PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.4828

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms IRONA CAMPBELL

Mailing Address 11238 RD T SE

City State Zip Code
WARDEN WA 98857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.5709

Amount of Each Receipt this Period
300.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. RICHARD CARSON

Mailing Address PO BOX 30000

City State Zip Code
JACKSON WY 83002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period
500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CASPER FAMILY TRUST

Mailing Address 1717 N CANAL BLVD

City State Zip Code
BASIN CITY WA 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
 1000.00

DONATION

B. Full Name (Last, First, Middle Initial)
Dr. THERESA CHEN

Mailing Address 5304 W 8TH AVE

City State Zip Code
KENNEWICK WA 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRI-CITIES FOOT & ANKLE CLINIC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period
 1500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. KEITH CHRISTENSEN

Mailing Address 2417 HARRIS AVE

City State Zip Code
RICHLAND WA 99354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHRISTENSEN KING & ASSOCIATES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
 250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. KEITH CHRISTENSEN

Mailing Address **2417 HARRIS AVE**

City **RICHLAND** State **WA** Zip Code **99354**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHRISTENSEN KING & ASSOCIATES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period
100.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms ANN CONRAD

Mailing Address **1471 GLENWOOD RD**

City **PASCO** State **WA** Zip Code **99301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. RICHARD CONRAD

Mailing Address **1471 GLENWOOD RD**

City **PASCO** State **WA** Zip Code **99301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period
500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CRAGG'S EXCAVATING

Mailing Address **PO BOX 67, 102 N MAIN**

City **STEHEKIN** State **WA** Zip Code **98852**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
250.00
 DONATION - REIMB IN 3RD QTR

B. Full Name (Last, First, Middle Initial)
CURTIS CUSTOM LLC

Mailing Address **8853 LANGFORD RD**

City **MESA** State **WA** Zip Code **99343**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period
750.00
 DONATION - REIMB IN 3RD QTR

C. Full Name (Last, First, Middle Initial)
Ms ALLINDA DOCKSTADER

Mailing Address **4951 SELPHLANDING RD**

City **PASCO** State **WA** Zip Code **99301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.5619

Amount of Each Receipt this Period
500.00
 DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. GEORGE DOCKSTADER

Mailing Address 4951 SELPLANDING RD

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer REALTOR Occupation DESERT HILLS REALTY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period
 500.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. PHILLIP DRUSSEL

Mailing Address 67205 N CANAL DR

City WEST RICHLAND State WA Zip Code 99353

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMIT PHYSICAL THERAPY Occupation PHYSICAL THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.6016

Amount of Each Receipt this Period
 500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. ROBERT EBERLE

Mailing Address 9570 MCGLINN DR

City LACONNER State WA Zip Code 98257

FEC ID number of contributing federal political committee. **C**

Name of Employer EBERLE COMM. GROUP Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.6124

Amount of Each Receipt this Period
 100.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms MARY EDWARDS

Mailing Address 1063 YAKIMA AVE

City PROSSER State WA Zip Code 99350

FEC ID number of contributing federal political committee. **C**

Name of Employer PROSSER SCHOOL DISTRICT Occupation EDUCATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period
 25.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms JERI LEE ERDMAN

Mailing Address 330472 CR X

City BAYARD State NE Zip Code 69334

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2014

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period
 500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. TIMOTHY ERDMAN

Mailing Address 330475 CR X

City BAYARD State NE Zip Code 69334

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2014

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period
 500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1025.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CRAIG GAYLORD

Mailing Address 115 S 10TH AVE

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer FIESTA FOODS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period
 1000.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms MARIAN GRAVENSLUND

Mailing Address 3500 S IRBY ST

City KENNEWICK State WA Zip Code 99337

FEC ID number of contributing federal political committee. **C**

Name of Employer GRAVENSLUND OPERATING CO Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period
 250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. CHARLES GRIGG

Mailing Address 801 W COLUMBIA ST

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer GRIGGS DEPT STORE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
 1000.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. LAMBERT HANSES

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. LAMBERT HANSES

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period
125.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms LOIS HANSES

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms LOIS HANSES

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period
125.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. STEVEN HANSON

Mailing Address PO BOX 3446

City LACEY State WA Zip Code 98509

FEC ID number of contributing federal political committee. **C**

Name of Employer HANSON MOTORS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms MARY HARRIS

Mailing Address 960 BLANTON RD

City ELTOPIA State WA Zip Code 99330

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

875.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. TODD HARRIS

Mailing Address 960 BLANTON RD

City State Zip Code
ELTOPIA WA 99330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms LORI HAYLES

Mailing Address 1520 DAYTON DR

City State Zip Code
PASCO WA 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.5326

Amount of Each Receipt this Period
250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. SCOTT HAYLES

Mailing Address 1520 DAYTON DR

City State Zip Code
PASCO WA 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIRCLE H FARMS INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.5328

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms LABERTA HEIMAN

Mailing Address 5560 RINGOLD RD

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period
 300.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. RADPHORD-LEON HOWARD

Mailing Address 6129 DEER ST

City WEST RICHLAND State WA Zip Code 99353

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period
 100.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. DON HUNTZINGER

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
 250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms TINY (VIOLET) HUNTZINGER

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 12 / 2014

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
INSTA STOR INC

Mailing Address 1516 W MARINA DR

City MOSES LAKE State WA Zip Code 98837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period
400.00

DONATION - REIMB IN 3RD QTR

C. Full Name (Last, First, Middle Initial)
Mr. JERE IRWIN

Mailing Address 2601 W J ST

City YAKIMA State WA Zip Code 98902

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
300.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. JERE IRWIN | | Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014 | |
| Mailing Address 2601 W J ST | | Transaction ID : SA11AI.5635 | |
| City YAKIMA | State WA | Zip Code 98902 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | | |
| | | DONATION | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Ms SANDRA JOHNSON | | Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014 | |
| Mailing Address 2202 W CLEARWATER AVE | | Transaction ID : SA11AI.5400 | |
| City KENNEWICK | State WA | Zip Code 99336 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer NONE | Occupation HOMEMAKER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 225.00 | | |
| | | DONATION | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. RAYMOND KANIA | | Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014 | |
| Mailing Address 10216 MAPLE DR | | Transaction ID : SA11AI.5354 | |
| City PASCO | State WA | Zip Code 99301 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer KGH URGENT CARE EAST | Occupation PHYSICIAN | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |
| | | DONATION | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 450.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms CAROL KELTCH

Mailing Address 605 N RD 54

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. CHARLES KELTCH

Mailing Address 605 N RD 54

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms CARRIE KIRSCHBAUM

Mailing Address 17210 AUBURN-BLACK DIAMOND

City AUBURN State WA Zip Code 98092

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5804

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. CHARLES KIRSCHBAUM

Mailing Address 17210 AUBURN-BLACK DIAMOND

City State Zip Code
AUBURN WA 98092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.5802

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms CAROL KNOPP

Mailing Address 46 RD M NE

City State Zip Code
MOSES LAKE WA 98837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period
250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. GLEN KNOPP

Mailing Address 46 RD M NE

City State Zip Code
MOSES LAKE WA 98837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INLAND TARP & COVER CO OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. CHRISTOPHER KONTOGIANIS

Mailing Address 1603 S JURUPA ST

City State Zip Code
KENNEWICK WA 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BENTON COUNTY ORTHOPEDICS PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.5997

Amount of Each Receipt this Period
500.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms KARIN KONTOGIANIS

Mailing Address 1603 S JURUPA ST

City State Zip Code
KENNEWICK WA 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
K2 RENTALS LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.6000

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. KEVAN KVAMME

Mailing Address 3783 HATLEY RD

City State Zip Code
EVERSON WA 98247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms POLLY KVAMME

Mailing Address **3783 HATLEY RD**

City **EVERSON** State **WA** Zip Code **98247**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. MYRON LEWIS

Mailing Address **PO BOX 793**

City **AUBURN** State **WA** Zip Code **98071**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
LIBERTY PAC

Mailing Address **PO BOX 602**

City **LAKE JACKSON** State **TX** Zip Code **77566**

FEC ID number of contributing federal political committee. **C C00234641**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period
1500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. SHANE MACAULAY

Mailing Address 3832 132ND AVE NE

City State Zip Code
BELLEVUE WA 98005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RADIOLOGY CONSULTANTS OF WA PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Dr. SHANE MACAULAY

Mailing Address 3832 132ND AVE NE

City State Zip Code
BELLEVUE WA 98005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RADIOLOGY CONSULTANTS OF WA PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2014

Transaction ID : SA11AI.5757

Amount of Each Receipt this Period
25.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms CINDY MACKAY

Mailing Address 4500 SHEFFIELD RD

City State Zip Code
MESA WA 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2014

Transaction ID : SA11AI.5391

Amount of Each Receipt this Period
500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

775.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. KENT MACKAY

Mailing Address 4500 SHEFFIELD RD

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer EPPICH GRAIN, INC Occupation TREASURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 500.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. DWAYNE MCDONALD

Mailing Address 106514 E 297 PR SE

City KENNEWICK State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period
 1000.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. DAVID MILLER

Mailing Address PO BOX 9292

City SPOKANE State WA Zip Code 99209

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
 750.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms SYLVIA MILLER

Mailing Address **PO BOX 9292**

City **SPOKANE** State **WA** Zip Code **99209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period
750.00

DONATION

B. Full Name (Last, First, Middle Initial)
Dr. JAMES MISCHEL

Mailing Address **16222 67TH AVE NE**

City **ARLINGTON** State **WA** Zip Code **98223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period
250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms SUSAN MISCHEL

Mailing Address **16222 67TH AVE NE**

City **ARLINGTON** State **WA** Zip Code **98223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ELECTRIC MIRROR** Occupation **VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NAGR PAC

Mailing Address 501 MAIN ST, STE 200

City WINDSOR State CO Zip Code 80550

FEC ID number of contributing federal political committee. **C** C00481200

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period
 5000.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. BRUCE NELSON

Mailing Address 4033 W VAN GIESEN

City WEST RICHLAND State WA Zip Code 99353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 SELF EMPLOYED CATERER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
 250.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms LOIS NELSON

Mailing Address 6808 W 15TH

City KENNEWICK State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period
 250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. ROBERT NELSON

Mailing Address 6808 W 15TH

City State Zip Code
KENNEWICK WA 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. DONALD PARKS

Mailing Address 412 RD 37

City State Zip Code
PASCO WA 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period
100.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. MARK PASSMORE

Mailing Address 4710 WERNETT RD

City State Zip Code
PASCO WA 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROFESSIONAL PAINT SUPPLY INC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JOSEPH PAULY

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
 500.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. JOSEPH PAULY

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period
 100.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. JOSEPH PAULY

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period
 50.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.6138 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 700.00 _____ | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) Dr. HEATHER PHIPPS | | Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014 | |
| Mailing Address 104903 E 1045 PR SE | | Transaction ID : SA11AI.6022 | |
| City KENNEWICK | State WA | Zip Code 99338 | Amount of Each Receipt this Period _____ 1000.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer BENTON FRANKLIN ORTHOPEDICS | Occupation PHYSICIAN | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1000.00 _____ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) PIEKARSKI FARMS | | Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014 | |
| Mailing Address 81 DUSTY RD | | Transaction ID : SA11AI.6236 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period _____ 500.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer | Occupation | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 500.00 _____ | | |

| | |
|---|---------------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1550.00 _____ |
| TOTAL This Period (last page this line number only)..... | _____ _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS | | Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address 317 MASSACHUSETTS AVENUE, NE 1ST FLOOR | | Transaction ID : SA11AI.6118 |
| City WASHINGTON | State DC Zip Code 20002 | |
| FEC ID number of contributing federal political committee. C C00343137 | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer | Occupation | DONATION |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Ms RELLA REIMANN | | Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 111 MCCLENNY RD | | Transaction ID : SA11AI.5350 |
| City PASCO | State WA Zip Code 99301 | |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer T & R FARMS, INC | Occupation CO-OWNER | DONATION |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) RONALD REIMANN | | Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address 111 MCCLENNY RD | | Transaction ID : SA11AI.5353 |
| City PASCO | State WA Zip Code 99301 | |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer T & R FARMS, INC | Occupation CO-OWNER | DONATION |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms GRETCHEN SCHREINER

Mailing Address 11701 RD 170

City State Zip Code
BASIN CITY WA 99343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRETCHEN SCHREINER TRANSPORT OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period
500.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms DEBRA SHAVER

Mailing Address 8585 NW COPELAND ST

City State Zip Code
PORTLAND OR 97229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period
1000.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. STEVE SHAVER

Mailing Address 8685 NW COPELAND ST

City State Zip Code
PORTLAND OR 97229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHAVER TRANSPORTATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period
1000.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms KIMBERLY SHERFEY

Mailing Address 27406 S 816 PR SE

City KENNEWICK State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period
 1300.00

DONATION

B. Full Name (Last, First, Middle Initial)
Dr. MICHAEL SHERFEY

Mailing Address 27406 S 816 PR SE

City KENNEWICK State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer MKS INC PS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
 1300.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. ROY SIMPERMAN

Mailing Address 5609 80TH AVE SE

City MERCER ISLAND State WA Zip Code 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer SIMPERMAN-CORETTE FOUNDATION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
 500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms RENEE SLOCUMB

Mailing Address 2103 SUNRISE CT

City WEST RICHLAND State WA Zip Code 99353

FEC ID number of contributing federal political committee. **C**

Name of Employer BECHTEL Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
 300.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. HORTON SPITZER

Mailing Address PO BOX 1307

City WILSON State WY Zip Code 83014

FEC ID number of contributing federal political committee. **C**

Name of Employer HORTON S SPITZER Occupation MANAGEMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period
 1500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms JULIET SPITZER

Mailing Address PO BOX 1307

City WILSON State WY Zip Code 83014

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
 1500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. L PAUL STANGELAND Jr.

Mailing Address 70 RIVERSHORE DR

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer 3 RIVERS POTATO SERVICE, INC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
 2600.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. LES STORMS

Mailing Address 8614 BELL ST

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.5189

Amount of Each Receipt this Period
 25.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. CECIL SWIFT

Mailing Address 6753 E TILSTRA RD

City BENTON CITY State WA Zip Code 99320

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
 250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2875.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. EUGENE TOMICH

Mailing Address 6001 S THORP HWY

City State Zip Code
ELLENSBURG WA 98926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1675.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period
 375.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms JODINE TOMICH

Mailing Address 6001 S THORP HWY

City State Zip Code
ELLENSBURG WA 98926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1675.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
 375.00

DONATION

C. Full Name (Last, First, Middle Initial)
VALLEY HAY, INC

Mailing Address 2870 MIDVALE RD

City State Zip Code
MABTON WA 98935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.5257

Amount of Each Receipt this Period
 250.00

DONATION - REIMB 3RD QTR

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 55 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. VICTOR VAN DAMME

Mailing Address 5113 PATRICIA AVE

City LAS VEGAS State NV Zip Code 89130

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2014

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
 250.00

DONATION

B. Full Name (Last, First, Middle Initial)
Ms DOROTHY WALTON-LUGLAN

Mailing Address 601 LINCOLN CT

City PROSSER State WA Zip Code 99350

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period
 300.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. WILLIAM WORTHINGTON

Mailing Address 285573 US HWY 101

City QUILCENE State WA Zip Code 98376

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period
 250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 55
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JEFF ZARO

Mailing Address 10 CLARK RD

City PASCO State WA Zip Code 99301

FEC ID number of contributing federal political committee. **C**

Name of Employer OLBERDING SEED Occupation SEED DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
 250.00

DONATION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

50975.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 55 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms CHARLOTTE BENJAMIN | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 10024 E HOLMAN RD | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4737 |
| City SPOKANE VALLEY | State WA Zip Code 99206 | |
| Purpose of Disbursement APR & MAY ACCT'NG & FILING | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms CHARLOTTE BENJAMIN | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014 |
| Mailing Address 10024 E HOLMAN RD | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5746 |
| City SPOKANE VALLEY | State WA Zip Code 99206 | |
| Purpose of Disbursement ACCT'NG & FILING JUN & JUL | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BENTON COUNTY REPUBLICAN PARTY | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 7620 W 21ST AVE | | Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.5136 |
| City KENNEWICK | State WA Zip Code 99338 | |
| Purpose of Disbursement LINCOLN DAY FEE | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3260.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 39 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. CHELAN COUNTY REPUBLICAN CENTRAL COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014 |
| Mailing Address PO BOX 764 | | Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4964 |
| City WENATCHEE | State WA | |
| Zip Code 98807 | Purpose of Disbursement LINCOLN DAY FEE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CHEVRON RITZVILLE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014 |
| Mailing Address 101 W GALBREATH WAY | | Amount of Each Disbursement this Period 91.06 Transaction ID : SB17.5936 |
| City RITZVILLE | State WA | |
| Zip Code 99169 | Purpose of Disbursement FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. CLINE COMPUTERS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 2161 VAN GIESEN ST | | Amount of Each Disbursement this Period 243.66 Transaction ID : SB17.5133 |
| City RICHLAND | State WA | |
| Zip Code 99354 | Purpose of Disbursement COMPUTER REPAIR | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 684.72 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. COLUMBIA BASIN HERALD | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014 |
| Mailing Address 813 W 3RD AVE | | | Amount of Each Disbursement this Period 203.30 Transaction ID : SB17.5323 |
| City MOSES LAKE | State WA | Zip Code 98837 | |
| Purpose of Disbursement DONATION | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. DESERT HILLS REALTY | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 6119 BURDEN BLVD, STE A | | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5489 |
| City PASCO | State WA | Zip Code 99301 | |
| Purpose of Disbursement REIMB FM 1ST QTR | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) C. DIRECT MAIL ENTERPRISES INC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 812 N NAPA | | | Amount of Each Disbursement this Period 1906.09 Transaction ID : SB17.4722 |
| City SPOKANE | State WA | Zip Code 99202 | |
| Purpose of Disbursement MAILERS | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3109.39 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. DIRECT MAIL ENTERPRISES INC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014 |
| Mailing Address 812 N NAPA | | Amount of Each Disbursement this Period 4369.31 |
| City SPOKANE | State WA Zip Code 99202 | |
| Purpose of Disbursement 2ND MAILER | Category/Type | Transaction ID : SB17.5744 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EAGLE NEWSPAPERS INC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address 4901 INDIAN SCHOOL NE RD | | Amount of Each Disbursement this Period 662.50 |
| City SALEM | State OR Zip Code 97305 | |
| Purpose of Disbursement ADVERTISING | Category/Type | Transaction ID : SB17.5922 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GRIGG ENTERPRISES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 801 WEST COLUMBIA | | Amount of Each Disbursement this Period 1000.00 |
| City PASCO | State WA Zip Code 99301 | |
| Purpose of Disbursement REIMB FM 1ST QTR | Category/Type | Transaction ID : SB17.5159 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6031.81 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 55 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. JANITORIAL EXCELLENCE | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014 |
| Mailing Address 590 GARFIELD RD | | | Amount of Each Disbursement this Period 613.78 Transaction ID : SB17.5287 |
| City ELTOPIA | State WA | Zip Code 99330 | |
| Purpose of Disbursement OFFICE CLEANING | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. JFT CONSULTING | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014 |
| Mailing Address 9129 ACADIA PARK DR | | | Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.6174 |
| City BRISTOW | State VA | Zip Code 20136 | |
| Purpose of Disbursement CONSULTANT | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) C. MERCHANT E-SOLUTIONS | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 3600 BRIDGE PKWY STE 102 | | | Amount of Each Disbursement this Period 400.32 Transaction ID : SB17.5154 |
| City REDWOOD CITY | State CA | Zip Code 94065 | |
| Purpose of Disbursement PROCESSING FEE | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4514.10 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 55 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MERCHANT E-SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address 3600 BRIDGE PKWY STE 102 | | Amount of Each Disbursement this Period 145.17 |
| City REDWOOD CITY | State CA | |
| Zip Code 94065 | Purpose of Disbursement ONLINE FEES | Transaction ID : SB17.5427 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MKS INC PS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 27406 S 816 PR SE | | Amount of Each Disbursement this Period 2600.00 |
| City KENNEWICK | State WA | |
| Zip Code 99338 | Purpose of Disbursement REIMB FM 1ST QTR | Transaction ID : SB17.5491 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL COLOR GRAPHICS INC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014 |
| Mailing Address 25 W BOONE | | Amount of Each Disbursement this Period 843.51 |
| City SPOKANE | State WA | |
| Zip Code 99201 | Purpose of Disbursement PRINTING FUNDRAISING LTR | Transaction ID : SB17.4724 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3588.68 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 55 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL COLOR GRAPHICS INC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014 |
| Mailing Address 25 W BOONE | | | Amount of Each Disbursement this Period 1327.23 Transaction ID : SB17.5487 |
| City SPOKANE | State WA | Zip Code 99201 | |
| Purpose of Disbursement FUNDRAISING LTR | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL COLOR GRAPHICS INC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014 |
| Mailing Address 25 W BOONE | | | Amount of Each Disbursement this Period 2533.79 Transaction ID : SB17.5740 |
| City SPOKANE | State WA | Zip Code 99201 | |
| Purpose of Disbursement FUNDRAISING MAILING | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. OFFICE DEPOT | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014 |
| Mailing Address 6815 W CANAL DR | | | Amount of Each Disbursement this Period 226.31 Transaction ID : SB17.5155 |
| City KENNEWICK | State WA | Zip Code 99336 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4087.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 55 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. OFFICE DEPOT | | Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014 |
| Mailing Address 6815 W CANAL DR | | Amount of Each Disbursement this Period 275.22 Transaction ID : SB17.6069 |
| City KENNEWICK | State WA | |
| Zip Code 99336 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. OFFICE DEPOT | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014 |
| Mailing Address 6815 W CANAL DR | | Amount of Each Disbursement this Period 55.23 Transaction ID : SB17.6125 |
| City KENNEWICK | State WA | |
| Zip Code 99336 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. OFFICE DEPOT | | Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014 |
| Mailing Address 6815 W CANAL DR | | Amount of Each Disbursement this Period 20.57 Transaction ID : SB17.6128 |
| City KENNEWICK | State WA | |
| Zip Code 99336 | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 275.22 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 46 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. OFFICE DEPOT | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address 6815 W CANAL DR | | Amount of Each Disbursement this Period 245.00 |
| City KENNEWICK | State WA | |
| Zip Code 99336 | Purpose of Disbursement OFFICE SUPPLIES | Transaction ID : SB17.6173 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. PARR LUMBER CO | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014 |
| Mailing Address 2105 N COMMERCIAL AVE | | Amount of Each Disbursement this Period 139.00 |
| City PASCO | State WA | |
| Zip Code 99301 | Purpose of Disbursement SIGNS | Transaction ID : SB17.6135 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. PRESSCATS.COM | | Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014 |
| Mailing Address 18219 N LIDGERWOOD | | Amount of Each Disbursement this Period 1570.72 |
| City COLBERT | State WA | |
| Zip Code 99005 | Purpose of Disbursement SIGNS | Transaction ID : SB17.5490 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1954.72 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 47 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | | |
|--|--|----------------|---|--|
| Full Name (Last, First, Middle Initial) A. ROD ROTTINGHAUS FARMS LLC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014 | |
| Mailing Address 19 E SAGEMOOR LN | | | Amount of Each Disbursement this Period 1000.00 | |
| City PASCO | State WA | Zip Code 99301 | Transaction ID : SB17.6068 | |
| Purpose of Disbursement REIMB FM 1ST QTR | | Category/Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|--|--|----------------|---|--|
| Full Name (Last, First, Middle Initial) B. SHAVER CONSTRUCTION COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 | |
| Mailing Address 4900 NW FRONT AVE | | | Amount of Each Disbursement this Period 2000.00 | |
| City PORTLAND | State OR | Zip Code 97296 | Transaction ID : SB17.5741 | |
| Purpose of Disbursement REIMB FM 1ST QTR | | Category/Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|--|--|----------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. DOUGLAS SIMPSON | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014 | |
| Mailing Address 6010 WYNN JONES RD E | | | Amount of Each Disbursement this Period 4200.00 | |
| City PORT ORCHARD | State WA | Zip Code 98366 | Transaction ID : SB17.5285 | |
| Purpose of Disbursement CONSULTANT | | Category/Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7200.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 48 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. DOUGLAS SIMPSON | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address 6010 WYNN JONES RD E | | Amount of Each Disbursement this Period 6337.00 Transaction ID : SB17.5431 |
| City PORT ORCHARD | State WA | |
| Zip Code 98366 | Purpose of Disbursement CONSULTANT FEE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. LARRY STICKNEY | | Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014 |
| Mailing Address 978 WESTOVER RD | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4729 |
| City COLVILLE | State WA | |
| Zip Code 99114 | Purpose of Disbursement PROFESSIONAL SVCES FEE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. LARRY STICKNEY | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 978 WESTOVER RD | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5456 |
| City COLVILLE | State WA | |
| Zip Code 99114 | Purpose of Disbursement PROFESSIONAL SVCES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 16337.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 49 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. T & R FARMS, INC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address 1120 KLUNDT RD | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5135 |
| City PASCO State WA Zip Code 99301 | Purpose of Disbursement REIMB FM 1ST QTR | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. THE STEAKHOUSE AT MOSES POINTE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 4524 WESTSHORE DR NE | | Amount of Each Disbursement this Period 369.00 Transaction ID : SB17.5433 |
| City MOSES LAKE State WA Zip Code 98837 | Purpose of Disbursement CONSUMABLES & REFRESHMENTS | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. TRI-CITY HERALD | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 333 W CANAL DR | | Amount of Each Disbursement this Period 349.81 Transaction ID : SB17.5920 |
| City KENNEWICK State WA Zip Code 99336 | Purpose of Disbursement ADVERTISING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1218.81 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 50 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. TRI-CITY HERALD | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 | |
| Mailing Address 333 W CANAL DR | | | Amount of Each Disbursement this Period 126.00 | |
| City KENNEWICK | State WA | Zip Code 99336 | Transaction ID : SB17.5926 | |
| Purpose of Disbursement ADVERTISING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. US POST OFFICE | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 | |
| Mailing Address 13101 GLADE N RD | | | Amount of Each Disbursement this Period 154.00 | |
| City ELTOPIA | State WA | Zip Code 99330 | Transaction ID : SB17.6171 | |
| Purpose of Disbursement POSTAGE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014 | |
| Mailing Address PO BOX 4005 | | | Amount of Each Disbursement this Period 330.39 | |
| City ACTON | State GA | Zip Code 30101 | Transaction ID : SB17.6129 | |
| Purpose of Disbursement CELL PHONE SVE | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 610.39 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 55 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WALMART SUPERCENTER

Mailing Address 4820 N RD 68

City PASCO State WA Zip Code 99301

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 130.28

Transaction ID : SB17.5992

Full Name (Last, First, Middle Initial)
B. WASHINGTON SECRETARY OF STATE

Mailing Address LEGISLATIVE BLDG, PO BOX 40220

City OLYMPIA State WA Zip Code 98504

Purpose of Disbursement FILING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 12 / 2014

Amount of Each Disbursement this Period: 1740.00

Transaction ID : SB17.5264

Full Name (Last, First, Middle Initial)
C. WE PHONE HOMES

Mailing Address 6510 FLOYD ST

City LANSING State MI Zip Code 48911

Purpose of Disbursement SURVEY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.4740

SUBTOTAL of Disbursements This Page (optional) 4470.28

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 52 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. WE PHONE HOMES | | Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014 |
| Mailing Address 6510 FLOYD ST | | Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.5752 |
| City LANSING | State MI Zip Code 48911 | |
| Purpose of Disbursement SURVEY | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. WESTERN STATES FIRE INC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014 |
| Mailing Address 956 ADAMS RD N | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5738 |
| City QUINCY | State WA Zip Code 98848 | |
| Purpose of Disbursement REIMB FM 1ST QTR | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. DERRAL WHITE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address 2146 HERITAGE WAY | | Amount of Each Disbursement this Period 520.87 Transaction ID : SB17.5742 |
| City ADDY | State WA Zip Code 99101 | |
| Purpose of Disbursement SIGNAGE & FUEL | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2920.87 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 53 OF 55 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | | | |
|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. YAKIMA HERALD REPUBLIC | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 | |
| Mailing Address 114 N 4TH ST | | | Amount of Each Disbursement this Period 318.60 Transaction ID : SB17.5924 | |
| City YAKIMA | State WA | Zip Code 98901 | | |
| Purpose of Disbursement ADVERTISING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

| | | | | |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period | |
| City | State | Zip Code | | |
| Purpose of Disbursement | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 318.60 |
| TOTAL This Period (last page this line number only)..... | 60581.92 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CLINT DIDIER FOR CONGRESS** Transaction ID : **SC/10.4244**

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CLINT DIDIER FOR CONGRESS | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 157 | |

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| ELTOPIA | WA | 99301 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00 | 0.00 | 10000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 02 / 25 / 2014 | / / 0 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 10000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CLINT DIDIER FOR CONGRESS** Transaction ID : **SC/10.4245**

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CLINT DIDIER FOR CONGRESS | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 157 | |

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| ELTOPIA | WA | 99301 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 20000.00 | 0.00 | 20000.00 |

TERMS

| | | | |
|----------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 / 31 / 2014 | / / 0 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 20000.00 |
| TOTALS This Period (last page in this line only)..... | 30000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.