

# 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 / 11

D D / 04

Y Y Y Y / 2014

in the State of

WA

5. Covering Period

M M / 10

D D / 16

Y Y Y Y / 2014

through

M M / 11

D D / 24

Y Y Y Y / 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 / 11

D D / 25

Y Y Y Y / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 86

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))....	120858.43	587228.96
(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)).....	120858.43	587228.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	226091.52	556241.75
(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)).....	226091.52	556241.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6932.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="103375.00"/>	<input type="text" value="476529.39"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="17483.43"/>	<input type="text" value="110699.57"/>	<input type="text" value="110.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="120858.43"/>	<input type="text" value="587228.96"/>	<input type="text" value="110.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 86

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
120858.43	587228.96	110.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	30000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	30000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
120858.43	617228.96	110.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 86

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
226091.52	556241.75	24164.72
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
30000.00	30000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
30000.00	30000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 86

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

256091.52	586241.75	24164.72
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

120858.43	587228.96	110.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

226091.52	556241.75	24164.72
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	142165.58
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	120858.43
25. SUBTOTAL (add Line 23 and Line 24).....	263024.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	256091.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	6932.49

**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 86
	<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 LYNNE ALFE**

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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  
2635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.9328**

Amount of Each Receipt this Period  
2600.00

In-kind - WEB DESIGN SVCES

**B.** Full Name (Last, First, Middle Initial)  
**Ms LYNNE ALFE**

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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  
5235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.9726**

Amount of Each Receipt this Period  
2600.00

In-kind - WEB DESIGN SVCES

**C.** Full Name (Last, First, Middle Initial)  
**Mr. MIKE ALFE**

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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

Name of Employer ALFE GRAPHICS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.9332**

Amount of Each Receipt this Period  
2600.00

In-kind - WEB DESIGN SVCES

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

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

7800.00

**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 86
	<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. MIKE ALFE**

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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

Name of Employer ALFE GRAPHICS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.9727**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

In-kind - WEB DESIGN SVCES

**B.** Full Name (Last, First, Middle Initial)  
**Ms ANDREE ALTON**

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE State WA Zip Code 99019

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  
 \_\_\_\_\_ 4350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.8782**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. DUANE ALTON**

Mailing Address 712 N LANCASHIRE

City LIBERTY LAKE State WA Zip Code 99019

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  
 \_\_\_\_\_ 4350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.8783**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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 9 OF 86
	<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) <b>A. Mr. RONALD ASMUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 8902 S DAWES ST		<b>Transaction ID : SA11AI.9448</b>	
City KENNEWICK	State WA	Zip Code 99336	Amount of Each Receipt this Period 1250.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer RON ASMUS HOME INC	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms TRACEY ASMUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 802 S DAWES ST		<b>Transaction ID : SA11AI.9450</b>	
City KENNEWICK	State WA	Zip Code 99336	Amount of Each Receipt this Period 1250.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer RON ASMUS HOME INC	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>C. Ms LORRIE BENSEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 227 W DAYTON AVE		<b>Transaction ID : SA11AI.9632</b>	
City DAYTON	State WA	Zip Code 99328	Amount of Each Receipt this Period 100.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer CITY OF DAYTON	Occupation CLERK		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	2600.00

**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 86
	<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)  
**BLAKE KOELZER**

Mailing Address 3281 HOPE VALLEY RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.9186**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. MERLE BOOKER**

Mailing Address 10971 COYAN RD

City State Zip Code  
CONNELL WA 99326

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

Name of Employer Occupation  
MERLE D BOOKER FARM OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9037**

Amount of Each Receipt this Period  
1500.00

DONATION

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1567.39

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9016**

Amount of Each Receipt this Period  
500.00

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 11 OF 86
	<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. WILLIAM BOULDS**

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1992.39**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9061**

Amount of Each Receipt this Period  
**425.00**

In-kind - AUTOGRAPHED FOOTBALL FOR FUNDRAISER

**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  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.9208**

Amount of Each Receipt this Period  
**2000.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms DOROTHY CAMPBELL**

Mailing Address 4827 S PALOUSE HWY, APT 2505

City State Zip Code  
SPOKANE WA 99223

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.9163**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

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

**2925.00**

**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 86
	<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 CAMPBELL**

Mailing Address 4827 S PALOUSE HWY, APT 2505

City SPOKANE State WA Zip Code 99223

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.9161**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms CANDYCE CASEY**

Mailing Address 2004 E 54TH

City SPOKANE State WA Zip Code 99223

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9655**

Amount of Each Receipt this Period  
100.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms CHARLA CASEY**

Mailing Address 4011 YUMA 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9611**

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 13 OF 86
	<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) <b>Dr. THERESA CHEN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 5304 W 8TH AVE		<b>Transaction ID : SA11AI.9114</b>	
City KENNEWICK	State WA	Zip Code 99336	Amount of Each Receipt this Period 750.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer TRI-CITIES FOOT & ANKLE CLINIC	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) <b>Mr. TIMOTHY CHEN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 5304 W 8TH AVE		<b>Transaction ID : SA11AI.9115</b>	
City KENNEWICK	State WA	Zip Code 99336	Amount of Each Receipt this Period 750.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer INLAND CARDIOLOGY ASSOCIATES	Occupation PHYSICAL		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>CITIZENS UNITED</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1006 PENNSYLVANIA AVE SE		<b>Transaction ID : SA11AI.9678</b>	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 1000.00 DONATION
FEC ID number of contributing federal political committee. C C00295527			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 14 OF 86
	<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) <b>Mr. THOMAS CORNELL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2616 N RD 96		<b>Transaction ID : SA11AI.8937</b>	
City PASCO State WA Zip Code 99301	Amount of Each Receipt this Period 250.00 DONATION		
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>Mr. JAMES CURRY</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 12408 127TH AVE NE		<b>Transaction ID : SA11AI.8917</b>	
City LAKE STEVENS State WA Zip Code 98258	Amount of Each Receipt this Period 250.00 DONATION		
FEC ID number of contributing federal political committee. C	Name of Employer AERO'CE CONSU'ING & ENGINE'ING Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

Full Name (Last, First, Middle Initial) <b>Mr. URBAN DIDIER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 7017 CROMWELL WAY		<b>Transaction ID : SA11AI.9599</b>	
City SACRAMENTO State CA Zip Code 95822	Amount of Each Receipt this Period 150.00 DONATION		
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 15 OF 86  
(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. STEVE DILLEY**

Mailing Address **7724 BYERS RD**

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

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

Name of Employer **HARMS PACIFIC TRANSPORT** Occupation **TRUCKING**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.8959**

Amount of Each Receipt this Period  
**500.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**D J M ENTERPRISES**

Mailing Address **PO BOX 9292**

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

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

Name of Employer Occupation

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  
**10 / 20 / 2014**

**Transaction ID : SA11AI.9159**

Amount of Each Receipt this Period  
**500.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JAMES DOWNEY**

Mailing Address **26000 NEWBRIDGE DR**

City **LOS ALTOS HILLS** State **CA** Zip Code **94022**

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

Name of Employer **ALTOS SONOMA CORP** Occupation **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 Y Y  
**11 / 01 / 2014**

**Transaction ID : SA11AI.9637**

Amount of Each Receipt this Period  
**150.00**

DONATION

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

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

**1150.00**

**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 86
	<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. LOYD DRENNAN**

Mailing Address PO BOX 2204

City COEUR D'ALENE State ID Zip Code 83816

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.9181**

Amount of Each Receipt this Period  
 250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms MARY DRENNAN**

Mailing Address PO BOX 2204

City COEUR D'ALENE State ID Zip Code 83816

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  
 10 / 16 / 2014

**Transaction ID : SA11AI.9179**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. PETER DUFAULT**

Mailing Address 15901 RD 28 SW

City MATTAWA State WA Zip Code 99349

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

Name of Employer DOUBLE D FARMS INC Occupation 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  
 10 / 30 / 2014

**Transaction ID : SA11AI.9775**

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 17 OF 86
	<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 SUSAN DUFAULT**

Mailing Address 15901 RD 28 SW

City MATTAWA State WA Zip Code 99349

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  
 10 / 30 / 2014

**Transaction ID : SA11AI.9777**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CODY EASTERDAY**

Mailing Address 830 BELLFLOWER RD

City BASIN CITY State WA Zip Code 99343

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8927**

Amount of Each Receipt this Period  
2600.00

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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.8832**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

2950.00

**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 86
	<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 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 **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.9212**

Amount of Each Receipt this Period  
**100.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. KIRK ECKLUND**

Mailing Address 301 MTN SHADOWS PL

City YAKIMA State WA Zip Code 98908

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

Name of Employer SELF EMPLOYED Occupation 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  
 10 / 21 / 2014

**Transaction ID : SA11AI.8835**

Amount of Each Receipt this Period  
**250.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. HARRY EDMONDSON**

Mailing Address 2006 NE 16TH ST

City RENTON State WA Zip Code 98056

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

Name of Employer HARRY CHRISTOPHER EDMONDSON Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8926**

Amount of Each Receipt this Period  
**25.00**

DONATION

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

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

**375.00**

**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 19 OF 86
	<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. JAMES EGAN**

Mailing Address 1191 NE TEE LAKE RD

City State Zip Code  
TAHUVA WA 98588

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  
10 31 2014

**Transaction ID : SA11AI.9597**

Amount of Each Receipt this Period  
50.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms CINDI EGBERT**

Mailing Address 1156 S BROWN RD

City State Zip Code  
CONNELL WA 99326

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  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 22 2014

**Transaction ID : SA11AI.8947**

Amount of Each Receipt this Period  
50.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. DAN EGBERT**

Mailing Address 1156 S BROWN RD

City State Zip Code  
CONNELL WA 99326

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 22 2014

**Transaction ID : SA11AI.8948**

Amount of Each Receipt this Period  
50.00

DONATION

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

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

150.00

**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 86
	<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. LAWRENCE ELFERING**

Mailing Address 4105 DESERT DR

City PASCO State WA Zip Code 99301

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

Name of Employer WA STATE UNIVERSITY Occupation IT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.8966**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms LILLIAN ERICKSON**

Mailing Address 2408 243RD PL SW

City BOTHELL State WA Zip Code 98021

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  
 10 / 24 / 2014

**Transaction ID : SA11AI.9226**

Amount of Each Receipt this Period  
100.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION PAC**

Mailing Address 801 G ST NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00452383

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9671**

Amount of Each Receipt this Period  
2500.00

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 21 OF 86
	<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) <b>A. Ms BARBARA FANGMAN</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 2421 LANGFORD RD		<b>Transaction ID : SA11AI.9764</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer FANGMAN SPRAYING LLC	Occupation CO-OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. JERRY FANGMAN</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 2421 LANGFORD RD		<b>Transaction ID : SA11AI.9765</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer FANGMAN SPRAYING LLC	Occupation CO-OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. FANGMAN SPRAYING LLC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 2421 LANGFORD RD		<b>Transaction ID : SA11AI.8843</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 500.00 DONATION - REIMB 4TH QTR
FEC ID number of contributing federal political committee.		C _____	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> 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 22 OF 86
	<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) <b>FIRST PRINCIPLES FUND</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 133 S HARBOR DR		<b>Transaction ID : SA11AI.9383</b>	
City VENICE	State FL	Zip Code 34285	
FEC ID number of contributing federal political committee. C C00531822		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		DONATION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Mr. JONNY FISHER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 1115 SW MARCIA DR		<b>Transaction ID : SA11AI.9356</b>	
City PULLMAN	State WA	Zip Code 99163	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation SELF EMPLOYED DENTIST		DONATION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Mr. DENIS FREDERICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1908 156TH ST NE		<b>Transaction ID : SA11AI.9613</b>	
City ARLINGTON	State WA	Zip Code 98223	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Occupation NONE RETIRED		DONATION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	1550.00

**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 86
	<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)  
**FREEDOM'S DEFENSE FUND**

Mailing Address 1155 15TH ST, NW  
STE 410

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00401786

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.9390**

Amount of Each Receipt this Period  
2500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms BONNIE FROST**

Mailing Address 3010 W PENINSULA DR, UNIT 100

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer Occupation  
DESERT GRAPHICS INC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.8860**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 1294 WHITE BLUFFS ST

City RICHLAND State WA Zip Code 99352

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  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9003**

Amount of Each Receipt this Period  
75.00

DONATION

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

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

2825.00

**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 24 OF 86
	<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. GREGORY GERSON**

Mailing Address 5015 ROBERT WAY DR

City PASCO State WA Zip Code 99301

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

Name of Employer NORTH FRANKLIN SCHOOL DISTRICT Occupation EDUCATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.8810**

Amount of Each Receipt this Period  
**100.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN GOULET**

Mailing Address 5511 WRIGLEY DR

City PASCO State WA Zip Code 99301

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

Name of Employer URS CORP Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9610**

Amount of Each Receipt this Period  
**50.00**

DONATION

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

Mailing Address 22024 NE 66TH PL

City REDMOND State WA Zip Code 98053

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 Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.8797**

Amount of Each Receipt this Period  
**500.00**

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 25 OF 86
	<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. PHIL GRAGG**

Mailing Address 6560 E HILLDALE RD

City PORT ORCHARD State WA Zip Code 98366

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  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9614**

Amount of Each Receipt this Period  
50.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. BOB HABERMAN**

Mailing Address 771 HUNGRY JUNCTION RD

City ELLENSBURG State WA Zip Code 98926

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

Name of Employer ROBERT E HABERMAN Occupation 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 Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.9099**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 771 HUNGRY JUNCTION RD

City ELLENSBURG State WA Zip Code 98926

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  
 10 / 16 / 2014

**Transaction ID : SA11AI.9097**

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 26 OF 86
	<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. SAM HANSEN**

Mailing Address 224603 E MAIN ST

City State Zip Code  
KENNEWICK WA 99337

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  
10 / 21 / 2014

**Transaction ID : SA11AI.9032**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. HENRY HARBERT**

Mailing Address 206 NE 126TH AVE, #159

City State Zip Code  
VANCOUVER WA 98684

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

Name of Employer Occupation  
SELF EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.9406**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**HAYES FARMS**

Mailing Address 41 N BAART RD

City State Zip Code  
MESA 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  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9136**

Amount of Each Receipt this Period  
800.00

DONATION

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

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

1400.00

**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 86
	<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 DONNA HEINEN**

Mailing Address 410 N NEWPORT DR

City MESA State WA Zip Code 99343

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

Name of Employer LUCKY H FARMS INC Occupation CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9490**

Amount of Each Receipt this Period  
1500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. KEVIN HEINEN**

Mailing Address 410 N NEWPORT DR

City MESA State WA Zip Code 99343

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

Name of Employer LUCKY H FARMS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9489**

Amount of Each Receipt this Period  
1500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. MICHAEL HENRY**

Mailing Address 24709 SUNSET MEADOW LOOP

City KENNEWICK State WA Zip Code 99338

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

Name of Employer NOTUS INVESTMENTS LLC Occupation AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8975**

Amount of Each Receipt this Period  
2600.00

DONATION

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

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

5600.00

**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 86
	<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 REBECCA HENRY**

Mailing Address 24709 SUNSET MEADOW LOOP

City State Zip Code  
KENNEWICK WA 99338

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8977**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 501 RINGOLD RIVER RD

City State Zip Code  
MESA WA 99343

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8849**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 501 RINGOLD RIVER RD

City State Zip Code  
MESA WA 99343

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8850**

Amount of Each Receipt this Period

DONATION

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

**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 29 OF 86
	<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. JIM JOHNSON**

Mailing Address **PO BOX 1144**

City **TROY** State **MT** Zip Code **59935**

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

Name of Employer **CHLOR RID** Occupation **MARKETING**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.9557**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address **4501 W WILLIAMS 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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.8905**

Amount of Each Receipt this Period  
**150.00**

DONATION

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

Mailing Address **PO BOX 2997**

City **GRAND RAPIDS** State **MI** Zip Code **49501**

FEC ID number of contributing federal political committee. **C C00525717**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.9381**

Amount of Each Receipt this Period  
**1000.00**

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 30 OF 86
	<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) <b>Mr. TOM KIMBALL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 3534 HANSTEAD ST		<b>Transaction ID : SA11AI.9015</b>	
City RICHLAND	State WA	Zip Code 99352	Amount of Each Receipt this Period _____ 200.00 DONATION
FEC ID number of contributing federal political committee. C _____			
Name of Employer CISCO SYSTEMS	Occupation ACCT MGR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>Mr. FRANCIS LA ROSEE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 10624 HANDICAP DR SE		<b>Transaction ID : SA11AI.9478</b>	
City WARDEN	State WA	Zip Code 98857	Amount of Each Receipt this Period _____ 750.00 DONATION
FEC ID number of contributing federal political committee. C _____			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>Ms SUNNY LA ROSEE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 10624 HANDICAP DR SE		<b>Transaction ID : SA11AI.9480</b>	
City WARDEN	State WA	Zip Code 98857	Amount of Each Receipt this Period _____ 750.00 DONATION
FEC ID number of contributing federal political committee. C _____			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1700.00
<b>TOTAL</b> 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: PAGE 31 OF 86  
(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)  
**LAUTENSCHLAGER & SONS**

Mailing Address 1251 CUTLER-LAUTENSCHLAGER RD

City ENDICOTT State WA Zip Code 99125

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.9101**

Amount of Each Receipt this Period  
 2100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN LEE**

Mailing Address 2600 W 34TH AVE

City KENNEWICK State WA Zip Code 99337

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 Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9058**

Amount of Each Receipt this Period  
 400.00

In-kind - COPY OF US CONSTITUTION AT FUNDRAISER

**C.** Full Name (Last, First, Middle Initial)  
**Mr. BARCLAY LEW**

Mailing Address 100804 E REATA RD

City KENNEWICK State WA Zip Code 99338

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

Name of Employer Occupation  
 DEPT OF ENERGY NUCLEAR ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9596**

Amount of Each Receipt this Period  
 100.00

DONATION

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

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

2600.00

**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 86
	<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 AMY MACHUGH**

Mailing Address **660 DOGWOOD**

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

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

Name of Employer **JACKASS MTN RANCH** Occupation **CO-OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : SA11AI.8882**

Amount of Each Receipt this Period  
**1000.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM MAGER**

Mailing Address **2004 S BEECH ST**

City **KENNEWICK** State **WA** Zip Code **99337**

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

Name of Employer **LABOR READY** Occupation **BRANCH MGR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.9562**

Amount of Each Receipt this Period  
**75.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**MARIJUANA POLICY PROJECT PAC**

Mailing Address **PO BOX 77492**

City **WASHINGTON** State **DC** Zip Code **20013**

FEC ID number of contributing federal political committee. **C C00389882**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11AI.9813**

Amount of Each Receipt this Period  
**5000.00**

DONATION

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

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

**6075.00**



**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 86
	<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. GRANT MATHEWS**

Mailing Address 9120 RUSSELL RD

City MESA State WA Zip Code 99343

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

Name of Employer GRANT L MATHEWS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.9366**

Amount of Each Receipt this Period  
**250.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms JILL MATHEWS**

Mailing Address 9120 RUSSELL RD

City MESA State WA Zip Code 99343

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  
 10 / 27 / 2014

**Transaction ID : SA11AI.9367**

Amount of Each Receipt this Period  
**250.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. TOM MCCABE**

Mailing Address 1424 10TH AVE SW

City OLYMPIA State WA Zip Code 98502

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

Name of Employer FREEDOM FOUNDATION Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9169**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

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

**600.00**

**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 86
	<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) <b>Mr. JIM MCCUNE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO BOX 1287		<b>Transaction ID : SA11AI.9646</b>	
City GRAHAM	State WA	Zip Code 98338	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer PIERCE COUNTY	Occupation COUNCILMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>Mr. BILL MCDANIEL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address PO BOX 732		<b>Transaction ID : SA11AI.8908</b>	
City TONASKET	State WA	Zip Code 98855	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

Full Name (Last, First, Middle Initial) <b>Mr. BILL MCDANIEL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address PO BOX 732		<b>Transaction ID : SA11AI.8909</b>	
City TONASKET	State WA	Zip Code 98855	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 750.00
<b>TOTAL</b> 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 35 OF 86
	<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. 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  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9109**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 416 S 56TH AVE

City YAKIMA State WA Zip Code 98908

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  
 10 / 31 / 2014

**Transaction ID : SA11AI.9630**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms HEATHER 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 ADP Occupation SALES MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9112**

Amount of Each Receipt this Period  
 1150.00

DONATION

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

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

4000.00

**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 86
	<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. SCOTT MCEACHIN**

Mailing Address 7032 E 100TH ST

City State Zip Code  
TULSA OK 74113

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

Name of Employer Occupation  
SCOTT WILLIAM MCEACHIN, PC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.9638**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. SIDNEY MCVEY**

Mailing Address 11925 S 49TH W AVE

City State Zip Code  
SAPULPA OK 74066

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

Name of Employer Occupation  
SELF EMPLOYED FARMER/ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.9466**

Amount of Each Receipt this Period  
1000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**MICKI MCKINNON INSURANCE & FINANCIAL SVCS**

Mailing Address 3104 W KENNEWICK AVE, STE D

City State Zip Code  
KENNEWICK WA 99336

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.9192**

Amount of Each Receipt this Period  
2000.00

DONATION

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

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

3250.00

**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 37 OF 86
	<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. GARY MIDDLETON**

Mailing Address **PO BOX 159**

City **ELTOPIA** State **WA** Zip Code **99330**

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

Name of Employer **GARY MIDDLETON FARMS INC** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.9402**

Amount of Each Receipt this Period  
**750.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DAN MILDON**

Mailing Address **94105 E REATA RD**

City **KENNEWICK** State **WA** Zip Code **99338**

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9028**

Amount of Each Receipt this Period  
**500.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms PAMELA MILDON**

Mailing Address **94105 REATA RD**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9029**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

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

**1750.00**

**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 38 OF 86
	<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 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  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.9539**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms MICHELLE MORTON**

Mailing Address 205913 E BOWLES RD

City KENNEWICK State WA Zip Code 99337

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

Name of Employer NONE Occupation HOMEMAKEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9592**

Amount of Each Receipt this Period  
25.00

DONATION

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

Mailing Address 3035 RICKENBACKER DR

City PASCO State WA Zip Code 99301

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

Name of Employer MUSSER BROS INC Occupation AUCTIONEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9119**

Amount of Each Receipt this Period  
350.00

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 39 OF 86
	<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 TERESA MUSSER**

Mailing Address 3035 RICKENBACKER 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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9120**

Amount of Each Receipt this Period  
 350.00

DONATION

**B.** 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 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 Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8999**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT 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 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 Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8998**

Amount of Each Receipt this Period  
 250.00

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 40 OF 86
	<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)  
**OUR COUNTRY DESERVES BETTER**

Mailing Address PO BOX 984

City: WILLOWS State: CA Zip Code: 95968

FEC ID number of contributing federal political committee: **C** C00454074

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 27 / 2014

**Transaction ID : SA11AI.9386**

Amount of Each Receipt this Period: 1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. MICHAEL PARADIS**

Mailing Address 3801 S WILEY RD

City: YAKIMA State: WA Zip Code: 98903

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

Name of Employer: TRIUMPH GROUP Occupation: ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 22 / 2014

**Transaction ID : SA11AI.8951**

Amount of Each Receipt this Period: 100.00

DONATION

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

Mailing Address 412 RD 37

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: 650.00

Date of Receipt: 10 / 21 / 2014

**Transaction ID : SA11AI.9027**

Amount of Each Receipt this Period: 100.00

DONATION

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

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

1200.00



**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 41 OF 86
	<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)  
**PATRIOT VOICES PAC**

Mailing Address 315 FOXTAIL LN

City SPRING CITY State PA Zip Code 19475

FEC ID number of contributing federal political committee. **C** C00528307

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  
 10 / 31 / 2014

**Transaction ID : SA11AI.9690**

Amount of Each Receipt this Period  
 1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL GOSAR FOR CONGRESS**

Mailing Address PO BOX 2991

City FLORENCE State AZ Zip Code 85132

FEC ID number of contributing federal political committee. **C** C00461806

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  
 10 / 27 / 2014

**Transaction ID : SA11AI.9452**

Amount of Each Receipt this Period  
 2000.00

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 Occupation  
 SELF EMPLOYED CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9650**

Amount of Each Receipt this Period  
 50.00

DONATION

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

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

3050.00

**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 42 OF 86
	<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 FAYE PHIPPS**

Mailing Address 1800 RANGER DR

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  
 10 / 20 / 2014

**Transaction ID : SA11AI.8987**

Amount of Each Receipt this Period  
 300.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. STEPHEN PIDGEON**

Mailing Address 3002 COLBY AVE, STE 306

City EVERETT State WA Zip Code 98201

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.9499**

Amount of Each Receipt this Period  
 2600.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. DENNIS POLAND**

Mailing Address 199864 GAME FARM RD

City KENNEWICK State WA Zip Code 99337

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

Name of Employer RAY POLAND & SONS CONSTRUCTION Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9039**

Amount of Each Receipt this Period  
 1500.00

DONATION

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

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

4400.00

**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 43 OF 86
	<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 NANCY PUFF**

Mailing Address 731 MANATEE COVE

City State Zip Code  
VERO BEACH FL 32963

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  
10 / 20 / 2014

**Transaction ID : SA11AI.9443**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT PUFF Jr.**

Mailing Address 731 MANATEE COVE

City State Zip Code  
VERO BEACH FL 32963

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  
10 / 20 / 2014

**Transaction ID : SA11AI.9441**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms DIANE REBHOLZ**

Mailing Address 2640 NW 90TH ST

City State Zip Code  
SEATTLE WA 98117

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  
10 / 21 / 2014

**Transaction ID : SA11AI.9414**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

600.00

**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 44 OF 86
	<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. GARY REBHOLZ**

Mailing Address 2640 NW 90TH ST

City SEATTLE State WA Zip Code 98117

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  
 10 / 21 / 2014

**Transaction ID : SA11AI.9415**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms MARILYN ROBERTSON**

Mailing Address 4236 140TH AVE NE

City BELLEVUE State WA Zip Code 98005

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  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9403**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms MARILYN ROBERTSON**

Mailing Address 4236 140TH AVE NE

City BELLEVUE State WA Zip Code 98005

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  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9593**

Amount of Each Receipt this Period  
50.00

DONATION

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

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

400.00

**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 45 OF 86
	<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. JAMES ROBINSON**

Mailing Address 7721 N CAMPBELL RD

City State Zip Code  
OTIS ORCHARDS WA 99027

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  
10 / 22 / 2014

**Transaction ID : SA11AI.9166**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. ROD ROTTINGHAUS**

Mailing Address 19 E SAGEMOOR LN

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
ROD ROTTINGHAUS FARMS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.9492**

Amount of Each Receipt this Period  
1000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. FAWN RUPP**

Mailing Address 420 N RD 49

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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9013**

Amount of Each Receipt this Period  
225.00

DONATION

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

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

1325.00

**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 46 OF 86
	<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. FAWN RUPP**

Mailing Address 420 N RD 49

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) 10/21/14

Election Cycle-to-Date  
1025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9057**

Amount of Each Receipt this Period  
 800.00  
 AUTOGRAPHED FOOTBALL AT FUNDRAISER

**B.** Full Name (Last, First, Middle Initial)  
**Mr. FAWN RUPP**

Mailing Address 420 N RD 49

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  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9122**

Amount of Each Receipt this Period  
 775.00  
 DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms LUZ RUPP**

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9126**

Amount of Each Receipt this Period  
 650.00  
 DONATION

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

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

2225.00

**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 47 OF 86
	<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. RANDY RUPP**

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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

Name of Employer RUPP RANCHES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9124**

Amount of Each Receipt this Period  
650.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms ROSA RUPP**

Mailing Address 420 N RD 49

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9011**

Amount of Each Receipt this Period  
225.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms ROSA RUPP**

Mailing Address 420 N RD 49

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9123**

Amount of Each Receipt this Period  
775.00

DONATION

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

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

1650.00

**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 48 OF 86
	<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)  
**RUPP RANCHES**

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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  
 10 / 22 / 2014

**Transaction ID : SA11AI.9134**

Amount of Each Receipt this Period  
 2000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. RICHARD SANDERS**

Mailing Address 25974 GOLD BEACH DR SW

City VASHON State WA Zip Code 98070

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

Name of Employer Occupation  
 GOODSTEIN LAW GRP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.8772**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. BRENT SCHULTHIES**

Mailing Address 44505 W GWINN RD

City PROSSER State WA Zip Code 99350

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

Name of Employer Occupation  
 BRENT SCHULTHIES FARMS LLC CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.9377**

Amount of Each Receipt this Period  
 750.00

DONATION

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

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

3000.00



**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 49 OF 86
	<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) <b>A. Ms ELAINE SCHULTHIES</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 44505 W GWINN RD		<b>Transaction ID : SA11AI.9379</b>	
City PROSSER	State WA	Zip Code 99350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer BRENT SCHULTHIES FARMS LLC	Occupation CO-OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. Mr. ROBERT SIEG</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address PO BOX 85		<b>Transaction ID : SA11AI.8800</b>	
City HARTLINE	State WA	Zip Code 99135	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>C. Mr. DOUGLAS SIMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 6010 WYNN JONES RD E		<b>Transaction ID : SA11AI.9251</b>	
City PORT ORCHARD	State WA	Zip Code 98366	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1362.50	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3962.50		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2362.50
<b>TOTAL</b> This Period (last page this line number only).....	2362.50

**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 50 OF 86
	<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) <b>A. Ms MARGARET SIMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 6010 WYNN JONES RD E		<b>Transaction ID : SA11AI.9252</b>	
City PORT ORCHARD	State WA	Zip Code 98366	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1362.50	
Name of Employer THE CAPITOL PROJECT	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3962.50		
DONATION			

Full Name (Last, First, Middle Initial) <b>B. Ms RENEE SLOCUMB</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 2103 SUNRISE CT		<b>Transaction ID : SA11AI.9465</b>	
City WEST RICHLAND	State WA	Zip Code 99353	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer BECHTEL	Occupation ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
DONATION			

Full Name (Last, First, Middle Initial) <b>C. Mr. DONALD SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 502 N RD 47		<b>Transaction ID : SA11AI.9635</b>	
City PASCO	State WA	Zip Code 99301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
DONATION			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1862.50
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 51 OF 86
	<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) <b>Mr. ROBERT STELMACK</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 2532 BANYON ST		<b>Transaction ID : SA11AI.8991</b>	
City RICHLAND	State WA	Zip Code 99352	Amount of Each Receipt this Period _____ 50.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>Mr. TROY STOKES</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 3403 E LATTIN RD		<b>Transaction ID : SA11AI.9437</b>	
City WEST RICHLAND	State WA	Zip Code 99353	Amount of Each Receipt this Period _____ 2600.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer HILINE ENGINEER'NG & FABR'TION	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) <b>Mr. JOHN STONE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 1602 S FILLMORE ST		<b>Transaction ID : SA11AI.9206</b>	
City KENNEWICK	State WA	Zip Code 99338	Amount of Each Receipt this Period _____ 50.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer FRED MEYER	Occupation CLERK		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 950.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2700.00
<b>TOTAL</b> 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 52 OF 86
	<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 BARBARA 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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9008**

Amount of Each Receipt this Period  
**25.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms BARBARA 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 **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.9766**

Amount of Each Receipt this Period  
**25.00**

DONATION

**C.** 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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9009**

Amount of Each Receipt this Period  
**25.00**

DONATION

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

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

**75.00**

**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 53 OF 86
	<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. 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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.9767**

Amount of Each Receipt this Period  
 25.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**STUTZMAN FOR CONGRESS**

Mailing Address 250 W 600 N

City HOWE State IN Zip Code 46746

FEC ID number of contributing federal political committee. **C** C00484683

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9672**

Amount of Each Receipt this Period  
 2000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. GEORGE SWAGEL**

Mailing Address 5522 W COMMANCHE AVE

City SPOKANE State WA Zip Code 99208

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.9809**

Amount of Each Receipt this Period  
 125.00

DONATION

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

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

2150.00

**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 54 OF 86
	<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. 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 **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8933**

Amount of Each Receipt this Period  
 100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN TALBOTT**

Mailing Address 6712 W OCTAVE 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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9576**

Amount of Each Receipt this Period  
 100.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ROB VALICOFF**

Mailing Address 300 N FRONTAGE RD

City WAPATO State WA Zip Code 98951

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

Name of Employer VALICOFF FRUIT CO, INC Occupation ORCHARDIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8898**

Amount of Each Receipt this Period  
 150.00

DONATION

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

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

**350.00**

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

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

FOR LINE NUMBER: PAGE 55 OF 86  
(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)  
**WALTER JONES COMMITTEE**

Mailing Address **PO BOX 3962**

City **GREENVILLE** State **NC** Zip Code **27836**

FEC ID number of contributing federal political committee. **C C00305052**

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  
**10 / 27 / 2014**

**Transaction ID : SA11AI.9388**

Amount of Each Receipt this Period  
 1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms TERRIE WEITZEL**

Mailing Address **1409 HAINS**

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

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

Name of Employer Occupation  
**PROGRESSIVE SALES, INC REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9117**

Amount of Each Receipt this Period  
 450.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. RONALD WORSHAM**

Mailing Address **2690 ST RD 17**

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

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

Name of Employer Occupation  
**WORSHAM FARM CO-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  
**10 / 27 / 2014**

**Transaction ID : SA11AI.9433**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

2450.00

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

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

FOR LINE NUMBER: PAGE 56 OF 86  
(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)  
**Ms SAUNDRA WORSHAM**

Mailing Address 2690 ST RD 17

City MESA State WA Zip Code 99343

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

Name of Employer WORSHAM FARM Occupation CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.9435**

Amount of Each Receipt this Period  
 1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. BILL YOUNG**

Mailing Address 2082 GRAND FIR DR

City ENUMCLAW State WA Zip Code 98022

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  
 11 / 03 / 2014

**Transaction ID : SA11AI.9812**

Amount of Each Receipt this Period  
 50.00

DONATION

**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).....

1050.00

103375.00



**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 57 OF 86	
	<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) <b>A. Mr. WARREN AABERG</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5416 W UMATILLA AVE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9721</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement COORDINATING TV & RADIO ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ACN RADIO NETWORK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 31000		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9619</b>
City SPOKANE	State WA	
Zip Code 99223	Purpose of Disbursement RADIO ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ACTION SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 6855 NE ARNOLD AVE		Amount of Each Disbursement this Period 1570.50 <b>Transaction ID : SB17.9654</b>
City ADAIR VILLAGE	State OR	
Zip Code 97330	Purpose of Disbursement ROBO CALLS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3570.50
<b>TOTAL</b> 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 58 OF 86			
	<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) <b>A. ACTION SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 6855 NE ARNOLD AVE		Amount of Each Disbursement this Period 1584.81 <b>Transaction ID : SB17.9817</b>
City ADAIR VILLAGE State OR Zip Code 97330	Purpose of Disbursement ROBO CALLS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms LYNNE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9331</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement In-kind - WEB DESIGN SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms LYNNE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9730</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement In-kind - WEB DESIGN SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6784.81
<b>TOTAL</b> 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 59 OF 86			
	<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) <b>A. Ms LYNNE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9735</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement WEBSITE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. MIKE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9334</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement In-kind - WEB DESIGN SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. MIKE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9729</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement In-kind - WEB DESIGN SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6200.00
<b>TOTAL</b> 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 60 OF 86			
	<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) <b>A. Mr. MIKE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9736</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement WEBSITE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLIED LAW FIRM PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 6951 MLK JUNIOR WAY S STE 226		Amount of Each Disbursement this Period 1153.82 <b>Transaction ID : SB17.9785</b>
City SEATTLE State WA Zip Code 98118	Purpose of Disbursement LEGAL SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.9713</b>
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement ONLINE FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2161.77
<b>TOTAL</b> 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 61 OF 86			
	<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. APPLEBEE'S NEIGHBORHOOD GRILL**

Mailing Address 5305 N RD 68

City PASCO State WA Zip Code 99301

Purpose of Disbursement  
BREAKFAST MTG

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 17 / 2014

Amount of Each Disbursement this Period  
31.01

Transaction ID : SB17.8790

Category/Type

Full Name (Last, First, Middle Initial)  
**B. APPLEBEE'S NEIGHBORHOOD GRILL**

Mailing Address 5305 N RD 68

City PASCO State WA Zip Code 99301

Purpose of Disbursement  
CONSUMABLES & MTG

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 22 / 2014

Amount of Each Disbursement this Period  
67.52

Transaction ID : SB17.8961

Category/Type

Full Name (Last, First, Middle Initial)  
**C. APPLEBEE'S NEIGHBORHOOD GRILL**

Mailing Address 5305 N RD 68

City PASCO State WA Zip Code 99301

Purpose of Disbursement  
MTG & CONSUMABLES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 24 / 2014

Amount of Each Disbursement this Period  
33.18

Transaction ID : SB17.9084

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 131.71

**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 62 OF 86	
	<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) <b>A. APPLEBEE'S NEIGHBORHOOD GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 5305 N RD 68		Amount of Each Disbursement this Period 49.29
City PASCO State WA Zip Code 99301	Purpose of Disbursement LUNCH & MTG	
Candidate Name	Category/Type	Transaction ID : SB17.9520
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ARS FRESNO TESORO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 4804 N RD 68		Amount of Each Disbursement this Period 76.80
City PASCO State WA Zip Code 99301	Purpose of Disbursement FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.9519
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 1000.00
City SPOKANE VALLEY State WA Zip Code 99206	Purpose of Disbursement ACCT'NG & FILING SVCES	
Candidate Name	Category/Type	Transaction ID : SB17.9737
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1126.09
<b>TOTAL</b> 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 63 OF 86	
	<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) <b>A. Mr. WILLIAM BOULDS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 24928 107TH AVE SE		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.9062</b>
City KENT State WA Zip Code 98030	Purpose of Disbursement In-kind - AUTOGRAPHED FOOTBALL FOR FUNDRAISER	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. MATT BOWER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 831 ROZA DR		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.8838</b>
City ZILLAH State WA Zip Code 98953	Purpose of Disbursement REIMB FOR RENTAL RM	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CALLAHAN DAIRY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 205		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9621</b>
City ROYAL CITY State WA Zip Code 99357	Purpose of Disbursement REIMB IN 4TH QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	975.00
<b>TOTAL</b> 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 64 OF 86			
	<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) <b>A. CHARTER MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1650 DES PERES RD		Amount of Each Disbursement this Period 2582.30 <b>Transaction ID : SB17.9626</b>
City ST LOUIS	State MO Zip Code 63131	
Purpose of Disbursement CABLE TV ADS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHARTER MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1650 DES PERES RD		Amount of Each Disbursement this Period 892.50 <b>Transaction ID : SB17.9710</b>
City ST LOUIS	State MO Zip Code 63131	
Purpose of Disbursement CABLE TV ADS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CLINE COMPUTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2161 VAN GIESEN ST		Amount of Each Disbursement this Period 194.94 <b>Transaction ID : SB17.8823</b>
City RICHLAND	State WA Zip Code 99354	
Purpose of Disbursement COMPUTER REPAIR	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3669.74
<b>TOTAL</b> 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 65 OF 86			
	<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) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 389.08
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.8770</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 444.91
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.9049</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 472.76
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.9629</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1306.76
<b>TOTAL</b> 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 66 OF 86	
	<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) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 469.68
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.9790</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 2.70
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.9829</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COLUMBIA RIVER MEDIA GRP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1124 N MILLER ST		Amount of Each Disbursement this Period 1000.00
City WENATCHEE	State WA Zip Code 98801	
Purpose of Disbursement ADVERTISING	Category/Type	<b>Transaction ID : SB17.9050</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1472.38
<b>TOTAL</b> 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 67 OF 86			
	<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**

**A. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 TRAPELO RD, RESERVOIR RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 27 / 2014

Amount of Each Disbursement this Period: 8.00

Transaction ID : SB17.9244

**B. CRAGG'S EXCAVATING**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 67, 102 N MAIN

City STEHEKIN State WA Zip Code 98852

Purpose of Disbursement REIMB FM 2ND QTR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.9622

**C. DIRECT MAIL ENTERPRISES INC**

Full Name (Last, First, Middle Initial)  
Mailing Address 812 N NAPA

City SPOKANE State WA Zip Code 99202

Purpose of Disbursement MAILERS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 46570.98

Transaction ID : SB17.8787

**SUBTOTAL** of Disbursements This Page (optional) ..... 46828.98

**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 68 OF 86	
	<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) <b>A. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 33645.32
City SPOKANE State WA Zip Code 99202	Purpose of Disbursement MAILERS	
Candidate Name	Category/Type	Transaction ID : SB17.8842
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EAGLE NEWSPAPERS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 4901 INDIAN SCHOOL NE RD		Amount of Each Disbursement this Period 450.00
City SALEM State OR Zip Code 97305	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.9716
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELTOPIA IRRIGATION, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2481 E SAGEMOOR RD		Amount of Each Disbursement this Period 350.00
City PASCO State WA Zip Code 99301	Purpose of Disbursement REIMB FM 3RD QTR	
Candidate Name	Category/Type	Transaction ID : SB17.8818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34445.32
<b>TOTAL</b> 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 69 OF 86	
	<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) <b>A. FANGMAN SPRAYING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2421 LANGFORD RD		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9738</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement REIMB FM 4TH QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. DAVID FERMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2104 E PHINNEY BAY DR		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9720</b>
City BREMERTON State WA Zip Code 98312	Purpose of Disbursement SIGNAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HELP-U-MOVE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3412 N SWALLOW AVE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.9046</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement REIMB FM 4TH QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.00
<b>TOTAL</b> 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 70 OF 86			
	<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) <b>A. INSTA STOR INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1516 W MARINA DR		Amount of Each Disbursement this Period 400.00
City MOSES LAKE	State WA	
Zip Code 98837	Purpose of Disbursement REIMB FM 3RD QTR	Transaction ID : SB17.8960
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JACOBS MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 30300 TELEGRAPH RD, STE 240		Amount of Each Disbursement this Period 800.00
City BINGHAM FARMS	State MI	
Zip Code 48025	Purpose of Disbursement 3-STATION RADIO ADS	Transaction ID : SB17.9229
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KAPP/KVEW</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO 1749		Amount of Each Disbursement this Period 4250.00
City YAKIMA	State WA	
Zip Code 98907	Purpose of Disbursement TV ADS	Transaction ID : SB17.9400
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5450.00
<b>TOTAL</b> 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 71 OF 86			
	<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) <b>A. KCYU TV FOX 41</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 3804 KERN WAY, #B			Amount of Each Disbursement this Period 4679.50	
City YAKIMA	State WA	Zip Code 98902	Transaction ID : SB17.9077	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KIMA/KEPR TV</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2807 W LEWIS ST			Amount of Each Disbursement this Period 5104.25	
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.9513	
Purpose of Disbursement TV ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KIMA/KEPR TV</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 2807 W LEWIS ST			Amount of Each Disbursement this Period 1785.00	
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.9786	
Purpose of Disbursement TV ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11568.75
<b>TOTAL</b> 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 72 OF 86			
	<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) <b>A. KNAO/KN DU</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3312 W KENNEWICK AVE		Amount of Each Disbursement this Period 5000.00
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement TV ADS	
Candidate Name	Category/Type	Transaction ID : SB17.9236
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KONA AM-FM RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2823 W LEWIS ST		Amount of Each Disbursement this Period 2444.00
City PASCO State WA Zip Code 99301	Purpose of Disbursement RADIO ADS	
Candidate Name	Category/Type	Transaction ID : SB17.9233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. KSEM, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2241 W MAIN ST		Amount of Each Disbursement this Period 1219.50
City MOSES LAKE State WA Zip Code 98837	Purpose of Disbursement RADIO ADS	
Candidate Name	Category/Type	Transaction ID : SB17.9079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8663.50
<b>TOTAL</b> 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 73 OF 86		
	<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) <b>A. L2, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2500 116TH AVE NE		Amount of Each Disbursement this Period 7154.70
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement MAILING	Transaction ID : SB17.9517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. JOHN LEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2600 W 34TH AVE		Amount of Each Disbursement this Period 400.00
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - COPY OF US CONSTITUTION AT FUNDRAISER	Transaction ID : SB17.9060
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR QWIK'S COUNTRY, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 82.16
City ELTOPIA	State WA	
Zip Code 99330	Purpose of Disbursement FUEL	Transaction ID : SB17.8789
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7636.86
<b>TOTAL</b> 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 74 OF 86			
	<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) <b>A. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 47.27	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9241	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 59.72	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9623	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 72.10	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9740	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.09
<b>TOTAL</b> 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 75 OF 86			
	<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) <b>A. MS YAKIMA COUNTY SCHOLARSHIP PGM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 8505 GARDEN AVE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9264</b>
City YAKIMA	State WA	
Zip Code 98908	Purpose of Disbursement PAGEANT	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>B. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 5283.91 <b>Transaction ID : SB17.8841</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement FUNDRAISING LTRS & PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 18374.65 <b>Transaction ID : SB17.9811</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement FUNDRAISING MAILING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23908.65
<b>TOTAL</b> 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 76 OF 86	
	<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) <b>A. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 2171.82
City SPOKANE	State WA Zip Code 99201	
Purpose of Disbursement CAMPAIGN FUNDRAISING MAILING	Category/Type	<b>Transaction ID : SB17.9818</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NCIDATA.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 700 OKOMA DR		Amount of Each Disbursement this Period 940.00
City OMAK	State WA Zip Code 98841	
Purpose of Disbursement BROADCASTING	Category/Type	<b>Transaction ID : SB17.9624</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NO 9 HAY TRADING CO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2550 HUNGRY JUNCTION RD		Amount of Each Disbursement this Period 1000.00
City ELLENSBURG	State WA Zip Code 98926	
Purpose of Disbursement REIMB FM 3RD QTR	Category/Type	<b>Transaction ID : SB17.8816</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4111.82
<b>TOTAL</b> 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 77 OF 86	
	<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) <b>A. NOW AMFOUND GEOGRAPHICS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 2906		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : SB17.9816</b>
City KIRKLAND	State WA	
Zip Code 98083	Purpose of Disbursement PRECINCT ANALYSIS & DOORBELLING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PARR LUMBER CO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 2105 N COMMERCIAL AVE		Amount of Each Disbursement this Period 174.85 <b>Transaction ID : SB17.8767</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement SIGNAGE MATERIAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PHIPPS FARMS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1600 RANGER DR		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9047</b>
City MESA	State WA	
Zip Code 99343	Purpose of Disbursement REIMB FM 4TH QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	684.85
<b>TOTAL</b> 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 78 OF 86			
	<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) <b>A. Mr. STEPHEN PIDGEON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3002 COLBY AVE, STE 306		Amount of Each Disbursement this Period 7900.00 <b>Transaction ID : SB17.9569</b>
City EVERETT	State WA	
Zip Code 98201	Purpose of Disbursement LEGAL REPRESENTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. SAM PIMM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9618</b>
City WASHINGTON	State DC	
Zip Code 20005	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PRESSCATS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 18219 N LIDGERWOOD		Amount of Each Disbursement this Period 890.87 <b>Transaction ID : SB17.9620</b>
City COLBERT	State WA	
Zip Code 99005	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11290.87
<b>TOTAL</b> 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 79 OF 86			
	<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**

**A. RADIO TRI-CITIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4305 W 24TH AVE, STE 200

City KENNEWICK State WA Zip Code 99338

Purpose of Disbursement RADIO ADS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 1920.00

Transaction ID : SB17.9511

**B. RADIO YAKIMA**

Full Name (Last, First, Middle Initial)  
Mailing Address 17 N 3RD ST, #103

City YAKIMA State WA Zip Code 98901

Purpose of Disbursement RADIO ADS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 27 / 2014

Amount of Each Disbursement this Period: 985.00

Transaction ID : SB17.9082

**C. RED LION HOTEL PASCO**

Full Name (Last, First, Middle Initial)  
Mailing Address 2520 N 20TH AVE

City PASCO State WA Zip Code 99301

Purpose of Disbursement ELECTION NIGHT PARTY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2014

Amount of Each Disbursement this Period: 1135.07

Transaction ID : SB17.9799

**SUBTOTAL** of Disbursements This Page (optional) ..... 4040.07

**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 80 OF 86			
	<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) <b>A. RON ASMUS HOMES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2810 W CLEARWATER AVE, STE 102			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9075</b>
City KENNEWICK	State WA	Zip Code 99336	
Purpose of Disbursement REIMB FM 4TH QTR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SALT INSTITUTE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 117			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9323</b>
City NORTHPORT	State WA	Zip Code 99157	
Purpose of Disbursement REIMB IN 4TH QTR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mr. DOUGLAS SIMPSON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6010 WYNN JONES RD E			Amount of Each Disbursement this Period 18940.16 <b>Transaction ID : SB17.9568</b>
City PORT ORCHARD	State WA	Zip Code 98366	
Purpose of Disbursement REIMB FOR MEDIA EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21940.16
<b>TOTAL</b> 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 81 OF 86			
	<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) <b>A. SMI GROUP XII, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1030 BATTELLE BLVD, #102			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.8814</b>
City RICHLAND	State WA	Zip Code 99354	
Purpose of Disbursement REIMB FM 3RD QTR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SMI GROUP XV, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1030 BATTELLE BLVD, #102			Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.8815</b>
City RICHLAND	State WA	Zip Code 99354	
Purpose of Disbursement REIMB FM 3RD QTR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mr. LARRY STICKNEY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 978 WESTOVER RD			Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.9723</b>
City COLVILLE	State WA	Zip Code 99114	
Purpose of Disbursement CAMPAIGN MANAGERIAL FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> 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 82 OF 86	
	<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) <b>A. TOWNSQUARE MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 240 GREENWICH AVE		Amount of Each Disbursement this Period 1978.80 <b>Transaction ID : SB17.9231</b>
City GREENWICH State CT Zip Code 06830	Purpose of Disbursement RADIO ADS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VALLEY HAY, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2870 MIDVALE RD		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9399</b>
City MABTON State WA Zip Code 98935	Purpose of Disbursement REIMB FM 3RD QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VOSSLER MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11730 118th Ave NE		Amount of Each Disbursement this Period 540.00 <b>Transaction ID : SB17.9784</b>
City KIRKLAND State WA Zip Code 98034	Purpose of Disbursement WEBSITE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2768.80
<b>TOTAL</b> 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 83 OF 86			
	<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) <b>A. WALMART SUPERCENTER</b>		Date of Disbursement
Mailing Address 4820 N RD 68		M M / D D / Y Y Y Y 10 / 28 / 2014
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 98.72
Candidate Name	Category/Type	<b>Transaction ID : SB17.9518</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART SUPERCENTER</b>		Date of Disbursement
Mailing Address 4820 N RD 68		M M / D D / Y Y Y Y 11 / 04 / 2014
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 14.19
Candidate Name	Category/Type	<b>Transaction ID : SB17.9741</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WORSHAM FARMS LLC</b>		Date of Disbursement
Mailing Address 2690 ST RT 17		M M / D D / Y Y Y Y 10 / 31 / 2014
City MESA State WA Zip Code 99343	Purpose of Disbursement REIMB IN 4TH QTR	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	<b>Transaction ID : SB17.9653</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1612.91
<b>TOTAL</b> This Period (last page this line number only).....	224329.29

**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 84 OF 86	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. CLINT DIDIER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 157		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB19A.9756</b>
City ELTOPIA State WA Zip Code 99301	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>B. CLINT DIDIER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 157		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : SB19A.9757</b>
City ELTOPIA State WA Zip Code 99301	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>C.</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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	30000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4244

**CLINT DIDIER FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**CLINT DIDIER FOR CONGRESS**

Election: 2014

Primary  
 General  
 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 10000.00 0.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 02 / D 25 / Y 2014 M M / D D / Y Y Y Y 0.00 % (apr)  Yes  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)..... ▶ [ ] 0.00  
**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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CLINT DIDIER FOR CONGRESS</b>	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	20000.00	0.00

**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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

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