

# 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 MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
07 / 17 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms CHARLOTTE BENJAMIN

Signature of Treasurer Ms CHARLOTTE BENJAMIN [Electronically Filed] Date

MM / DD / YYYY  
11 / 24 / 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									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 17 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	175005.44	393084.64
(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)).....	175005.44	393084.64
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	195065.54	315995.06
(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)).....	195065.54	315995.06
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	107089.58	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	30000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	136462.00	309987.00
(ii) Unitemized .....	38543.44	83097.64
(iii) TOTAL of contributions from individuals .....	175005.44	393084.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	175005.44	393084.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	175005.44	423084.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	195065.54	315995.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	195065.54	315995.06

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	127149.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	175005.44
25. SUBTOTAL (add Line 23 and Line 24).....	302155.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	195065.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	107089.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 103
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms ANDREE ALTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 712 N LANCASHIRE LN		<b>Transaction ID : SA11AI.6769</b>	
City LIBERTY LAKE	State WA	Zip Code 99019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
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 3600.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. Ms ANDREE ALTON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 712 N LANCASHIRE LN		<b>Transaction ID : SA11AI.8062</b>	
City LIBERTY LAKE	State WA	Zip Code 99019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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 4100.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>C. Mr. DUANE ALTON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 712 N LANCASHIRE		<b>Transaction ID : SA11AI.6770</b>	
City LIBERTY LAKE	State WA	Zip Code 99019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
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 3600.00		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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: (check only one)	PAGE 6 OF 103
	<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. DUANE ALTON**

Mailing Address 712 N LANCASHIRE

City State Zip Code  
LIBERTY LAKE WA 99019

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  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.8063**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. MARK ANDERSON**

Mailing Address 910 S ANDERSON RD

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
ANDERSON HAY & GRAIN CO, INC CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2014

**Transaction ID : SA11AI.6868**

Amount of Each Receipt this Period  
2600.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address 13401 REDCOAT LN

City State Zip Code  
PHOENIX MD 21131

FEC ID number of contributing federal political committee. **C** C00435974

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  
09 / 19 / 2014

**Transaction ID : SA11AI.7988**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<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. H ARTHUR ARIANS**

Mailing Address 32 SKOKOMISH WAY

City LACONNER State WA Zip Code 98257

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  
 08 / 27 / 2014

**Transaction ID : SA11AI.7440**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. JAMES BELL**

Mailing Address 315 N 3RD ST

City YAKIMA State WA Zip Code 98901

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

Name of Employer BELL & UPTON LAND SURVEYING Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.7826**

Amount of Each Receipt this Period  
400.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms LORRIE BENSEL**

Mailing Address 227 W DAYTON AVE

City DAYTON State WA Zip Code 99328

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

Name of Employer CITY OF DAYTON Occupation CLERK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.6761**

Amount of Each Receipt this Period  
150.00

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 8 OF 103
	<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)  
**FRANK BERG**

Mailing Address **PO BOX 127**

City **PATERSON** State **WA** Zip Code **99345**

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

Name of Employer **BERG FARMS LLC** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2775.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 10 / 2014**

**Transaction ID : SA11AI.7259**

Amount of Each Receipt this Period  
**2600.00**

DONATION

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

Mailing Address **320-A W ENTIAT**

City **KENNEWICK** State **WA** Zip Code **99336**

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  
**07 / 24 / 2014**

**Transaction ID : SA11AI.6591**

Amount of Each Receipt this Period  
**100.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. BRUCE BLAKEY**

Mailing Address **PO BOX 7201**

City **WOODINVILLE** State **WA** Zip Code **98072**

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  
**08 / 28 / 2014**

**Transaction ID : SA11AI.7464**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

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

**3200.00**



**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 103
	<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. C D 'BUTCH' BOOKER**

Mailing Address 41452 ST RT 195

City COLFAX State WA Zip Code 99111

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

Name of Employer KINCAID REAL ESTATE Occupation BROKER/AUCTIONEER

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  
 08 / 21 / 2014

**Transaction ID : SA11AI.7061**

Amount of Each Receipt this Period  
 250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms CARLEEN BROPHY**

Mailing Address PO BOX 1185

City JACKSON State WY Zip Code 83001

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2014

**Transaction ID : SA11AI.6272**

Amount of Each Receipt this Period  
 3000.00

DONATION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Ms CARLEEN BROPHY**

Mailing Address PO BOX 1185

City JACKSON State WY Zip Code 83001

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2014

**Transaction ID : SA11AI.6275**

Amount of Each Receipt this Period  
 -400.00

Redesignate: DONATION

**[MEMO ITEM]**

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

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

250.00

**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 103
	<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 CARLEEN BROPHY**

Mailing Address **PO BOX 1185**

City **JACKSON** State **WY** Zip Code **83001**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 06 / 2014**

**Transaction ID : SA11AI.6276**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **400.00**

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Ms BEVERLY CALAWAY**

Mailing Address **210 RIDGEVIEW DR**

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

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

Name of Employer **CALAWAY CO** Occupation **CO-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  
**09 / 30 / 2014**

**Transaction ID : SA11AI.8171**

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

**DONATION**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. COURT CALAWAY**

Mailing Address **210 RIDGEVIEW DR**

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

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

Name of Employer **CALAWAY CO** Occupation **CO-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  
**09 / 30 / 2014**

**Transaction ID : SA11AI.8172**

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

**DONATION**

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

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

\_\_\_\_\_ **5200.00**

\_\_\_\_\_

**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 103
	<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 KIMBERLY CEBE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 25843 33RD AVE S		<b>Transaction ID : SA11AI.6426</b>	
City KENT	State WA	Zip Code 98032	Amount of Each Receipt this Period _____ 100.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. KEITH CHRISTENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 2417 HARRIS AVE		<b>Transaction ID : SA11AI.7943</b>	
City RICHLAND	State WA	Zip Code 99354	Amount of Each Receipt this Period _____ 150.00 DONATION
FEC ID number of contributing federal political committee.		C _____	
Name of Employer CHRISTENSEN KING & ASSOCIATES	Occupation PARTNER		
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>C. CITIZENS UNITED</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 1006 PENNSYLVANIA AVE SE		<b>Transaction ID : SA11AI.7991</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 _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1250.00
<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 12 OF 103
	<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 CLEEK**

Mailing Address 1111 BROWN ST

City WENATCHEE State WA Zip Code 98801

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  
 09 / 05 / 2014

**Transaction ID : SA11AI.7589**

Amount of Each Receipt this Period  
125.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**CLOUD 9 FARMS, LLC**

Mailing Address 911 BIRCH RD

City PASCO State WA Zip Code 99301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.6886**

Amount of Each Receipt this Period  
1500.00

DONATION - REIMB IN 4TH QTR

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JASON COLBERG**

Mailing Address 17750 33RD AVE NE

City LAKE FOREST PARK State WA Zip Code 98155

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  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.6506**

Amount of Each Receipt this Period  
200.00

DONATION

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

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

1825.00

**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 103
	<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. ERIC COUGHANOUR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 1294 COUNTRY RIDGE DR		<b>Transaction ID : SA11A1.7150</b>	
City RICHLAND	State WA	Zip Code 99352	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TRI-CITIES MID-COLUMBIA PHONE	Occupation ACCOUNT EXECUTIVE		
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. CLIFF COURTNEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 101 N MAIN ST		<b>Transaction ID : SA11A1.7172</b>	
City STEHEKIN	State WA	Zip Code 98852	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer STEHEKIN VALLEY RANCH LLC	Occupation MANAGER		
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. JAMES CURRY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 12408 127TH AVE NE		<b>Transaction ID : SA11A1.7175</b>	
City LAKE STEVENS	State WA	Zip Code 98258	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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 600.00		

<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 103
	<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. MICHAEL DARLAND</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2021 102ND PL SE		<b>Transaction ID : SA11AI.6973</b>	
City BELLEVUE	State WA	Zip Code 98004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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 1000.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. Ms MYRNA DARLAND</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 2021 102ND PL SE		<b>Transaction ID : SA11AI.6974</b>	
City BELLEVUE	State WA	Zip Code 98004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation HOMEMAKER		
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. Ms MARGARET DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 1423 MARSHALL AVE		<b>Transaction ID : SA11AI.7475</b>	
City RICHLAND	State WA	Zip Code 99354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
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		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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: (check only one)	PAGE 15 OF 103
	<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. WILLIAM DAVIS**

Mailing Address 1423 MARSHALL AVE

City RICHLAND State WA Zip Code 99354

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  
 08 / 28 / 2014

**Transaction ID : SA11AI.7477**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 1719 S PERRY CT

City KENNEWICK State WA Zip Code 99338

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 27 / 2014

**Transaction ID : SA11AI.6537**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 1719 S PERRY CT

City KENNEWICK State WA Zip Code 99338

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 27 / 2014

**Transaction ID : SA11AI.6539**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 103
	<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. MICHAEL DEAN**

Mailing Address 1719 S PERRY CT

City State Zip Code  
KENNEWICK WA 99338

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  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 16 / 2014**

**Transaction ID : SA11AI.6880**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

Mailing Address 1719 S PERRY CT

City State Zip Code  
KENNEWICK WA 99338

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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.7720**

Amount of Each Receipt this Period  
**250.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms ALICE DIDIER**

Mailing Address 444 HOLLY DR

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
DIDIER FARMS, LLC 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  
**09 / 15 / 2014**

**Transaction ID : SA11AI.7694**

Amount of Each Receipt this Period  
**2600.00**

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: PAGE 17 OF 103  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. CHRIS DIDIER**

Mailing Address 1775 FIR RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
DIDIER FARMS LLC SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.7983**

Amount of Each Receipt this Period  
 250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CURT DIDIER**

Mailing Address 1880 HOLLY DR

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
DIDIER FARMS LLC GENERAL MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.6704**

Amount of Each Receipt this Period  
 1300.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms MELINDA DIDIER**

Mailing Address 1880 HOLLY DR

City State Zip Code  
ELTOPIA WA 99330

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  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.6705**

Amount of Each Receipt this Period  
 1300.00

DONATION

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

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

2850.00

**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 103
	<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 ELAINE DIETRICH**

Mailing Address 439 W SUNSET DR

City State Zip Code  
BURBANK WA 99323

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.7816**

Amount of Each Receipt this Period  
 100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. GLENN M DOBBS**

Mailing Address 905 W RIVERSIDE, STE 311

City State Zip Code  
SPOKANE WA 99201

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

Name of Employer Occupation  
MINES MGMT INC CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.8207**

Amount of Each Receipt this Period  
 2000.00

DONATION

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

Mailing Address PO BOX 5, 34610 E CHRISTY RD

City State Zip Code  
PLYMOUTH WA 99346

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

Name of Employer Occupation  
EMMANUEL ENTERPRISES, INC FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7166**

Amount of Each Receipt this Period  
 500.00

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 19 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 5549 28TH AVE NE

City SEATTLE State WA Zip Code 98105

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  
 09 / 09 / 2014

**Transaction ID : SA11AI.7358**

Amount of Each Receipt this Period  
**200.00**

DONATION

**B.** 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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11AI.6527**

Amount of Each Receipt this Period  
**100.00**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : SA11AI.7548**

Amount of Each Receipt this Period  
**100.00**

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 20 OF 103
	<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)  
**ELTOPIA IRRIGATION, LLC**

Mailing Address 2481 E SAGEMOOR RD

City PASCO State WA Zip Code 99301

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  
 07 / 22 / 2014

**Transaction ID : SA11AI.6570**

Amount of Each Receipt this Period  
 350.00

DONATION - REIMB 4TH QTR

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.7231**

Amount of Each Receipt this Period  
 1000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms ELAINE FISCHER**

Mailing Address PO BOX 17160

City COVINGTON State KY Zip Code 41017

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

Name of Employer Occupation  
 FISCHER HOMES VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.7487**

Amount of Each Receipt this Period  
 1300.00

DONATION

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

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

2650.00

**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 103
	<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. GREG FISCHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address PO BOX 17180		<b>Transaction ID : SA11AI.7483</b>	
City COVINGTON	State KY	Zip Code 41017	Amount of Each Receipt this Period _____ 2600.00 DONATION
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer FISCHER HOMES	Occupation EXECUTIVE VICE 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>B. Mr. HENRY FISCHER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address PO BOX 17160		<b>Transaction ID : SA11AI.7485</b>	
City COVINGTON	State KY	Zip Code 41017	Amount of Each Receipt this Period _____ 1300.00 DONATION
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer FISCHER HOMES	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1300.00		

Full Name (Last, First, Middle Initial) <b>C. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address PO BOX 4390		<b>Transaction ID : SA11AI.7660</b>	
City PASCO	State WA	Zip Code 99302	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee. <input type="text" value="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 _____ 3500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4400.00
<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 103
	<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. DENIS FREDERICKSON**

Mailing Address 1908 156TH ST NE

City ARLINGTON State WA Zip Code 98223

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  
08 / 29 / 2014

**Transaction ID : SA11AI.6941**

Amount of Each Receipt this Period  
50.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DENIS FREDERICKSON**

Mailing Address 1908 156TH ST NE

City ARLINGTON State WA Zip Code 98223

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  
09 / 29 / 2014

**Transaction ID : SA11AI.8051**

Amount of Each Receipt this Period  
50.00

DONATION

**C.** 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  
2500.00

Date of Receipt  
08 / 02 / 2014

**Transaction ID : SA11AI.6708**

Amount of Each Receipt this Period  
2500.00

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 23 OF 103
	<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  
5000.00

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

**Transaction ID : SA11AI.7686**

Amount of Each Receipt this Period  
2500.00

DONATION

**B.** 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  
400.00

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

**Transaction ID : SA11AI.6839**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 2470 DANIELLS BRIDGE RD, STE 121

City ATHENS State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00490235

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  
09 / 17 / 2014

**Transaction ID : SA11AI.8194**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

3600.00

**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 103
	<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 **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.6471**

Amount of Each Receipt this Period  
 100.00

DONATION

**B.** 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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7084**

Amount of Each Receipt this Period  
 100.00

DONATION

**C.** 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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7137**

Amount of Each Receipt this Period  
 100.00

DONATION

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

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

**300.00**



**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 103
	<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. JEFFREY GORDON**

Mailing Address 531 LEVEY RD

City PASCO State WA Zip Code 99301

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

Name of Employer GORDON BROTHERS WINERY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.7656**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms VICKI GORDON**

Mailing Address 531 LEVEY RD

City PASCO State WA Zip Code 99301

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

Name of Employer GORDON BROTHERS WINERY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.7658**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** 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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.7501**

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 26 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN 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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.8042**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. BOYD GRANT**

Mailing Address 1516 W MARINA DR

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer 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  
 09 / 04 / 2014

**Transaction ID : SA11AI.7276**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms FRANCIS GRANT**

Mailing Address 1516 W MARINA DR

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer 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  
 09 / 04 / 2014

**Transaction ID : SA11AI.7278**

Amount of Each Receipt this Period  
250.00

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 27 OF 103
	<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 MARIAN GRAVENSLUND**

Mailing Address 3500 S IRBY ST

City KENNEWICK State WA Zip Code 99337

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

Name of Employer GRAVENSLUND OPERATING CO Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.8222**

Amount of Each Receipt this Period  
**400.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms SHARON HACKNEY**

Mailing Address 1350 GAGE BLVD

City RICHLAND State WA Zip Code 99352

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  
 09 / 05 / 2014

**Transaction ID : SA11AI.7088**

Amount of Each Receipt this Period  
**100.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms SHARON HACKNEY**

Mailing Address 1350 GAGE BLVD

City RICHLAND State WA Zip Code 99352

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.7727**

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 28 OF 103
	<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. BRENT HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 3590 LANGFORD RD		<b>Transaction ID : SA11AI.6573</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 3000.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BRENT & SHERYL, LLC	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00 _____		

Full Name (Last, First, Middle Initial) <b>Mr. BRENT HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 3590 LANGFORD RD		<b>Transaction ID : SA11AI.6576</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ -400.00 _____ Redesignate: DONATION <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BRENT & SHERYL, LLC	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ _____ _____		

Full Name (Last, First, Middle Initial) <b>Mr. BRENT HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 3590 LANGFORD RD		<b>Transaction ID : SA11AI.6577</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 400.00 _____ Redesignate: <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BRENT & SHERYL, LLC	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ _____ _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3000.00 _____
<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 29 OF 103
	<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. BRENT HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 3590 LANGFORD RD		<b>Transaction ID : SA11AI.7961</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 1000.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BRENT & SHERYL, LLC	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00 _____		

Full Name (Last, First, Middle Initial) <b>Mr. DONALD HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 105 BERKSHIRE LN		<b>Transaction ID : SA11AI.7616</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
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>Ms JUANITA HEINEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 250 IRONWOOD RD		<b>Transaction ID : SA11AI.6548</b>	
City ELTOPIA	State WA	Zip Code 99330	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00 _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2250.00 _____
<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 30 OF 103
	<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 JUANITA HEINEN**

Mailing Address 250 IRONWOOD RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.6682**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 410 N NEWPORT DR

City State Zip Code  
MESA WA 99343

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

Name of Employer Occupation  
LUCKY H FARMS INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.6707**

Amount of Each Receipt this Period  
2600.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms MILDRED HEINEN**

Mailing Address 105 BERKSHIRE LN

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.7619**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

3150.00

**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 31 OF 103
	<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 SHERYL HEINEN**

Mailing Address 3590 LANGFORD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.7962**

Amount of Each Receipt this Period  
 1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**HELP-U-MOVE**

Mailing Address 3412 N SWALLOW AVE

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.7791**

Amount of Each Receipt this Period  
 800.00

DONATION - REIMB 4TH QTR

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JEFF HENDLER**

Mailing Address PO BOX 2757

City State Zip Code  
PASCO WA 99302

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

Name of Employer Occupation  
J D HENDLER ASSOCIATES OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.6765**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

2050.00

**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 103
	<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. LORNE HOUSE**

Mailing Address **PO BOX 9548**

City **YAKIMA** State **WA** Zip Code **98909**

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

Name of Employer **KLC LEASING, LTD** Occupation **CORPORATE OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11AI.7701**

Amount of Each Receipt this Period  
**1000.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**HOUSE LIBERTY FUND**

Mailing Address **701 8TH ST NW, STE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00542100**

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  
**09 / 18 / 2014**

**Transaction ID : SA11AI.7975**

Amount of Each Receipt this Period  
**5000.00**

DONATION

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

Mailing Address **501 RINGOLD RIVER RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 25 / 2014**

**Transaction ID : SA11AI.6598**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

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

**6250.00**



**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 103
	<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 TINY (VIOLET) HUNTZINGER**

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.6599**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**IRWIN RESEARCH & DEVELOPMENT, INC**

Mailing Address PO BOX 10668

City YAKIMA State WA Zip Code 98909

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  
 08 / 20 / 2014

**Transaction ID : SA11AI.6958**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**JIM JORDAN FOR CONGRESS**

Mailing Address 2160 KETTERING TOWER, STE 2160

City DAYTON State OH Zip Code 45423

FEC ID number of contributing federal political committee. **C** C00416594

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 Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.7706**

Amount of Each Receipt this Period  
1000.00

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 34 OF 103
	<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 KATIE JOHNSON**

Mailing Address **PO BOX 1413**

City **RICHLAND** State **WA** Zip Code **99352**

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

Name of Employer **NORTHWEST CPA GRP PLLC** Occupation **ACCOUNTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.7810**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

Mailing Address **PO BOX 1413**

City **RICHLAND** State **WA** Zip Code **99352**

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

Name of Employer **WINDERMERE GRP ONE** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.7812**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

Mailing Address **18481 GREENBRIAR AVE**

City **PRAIRIEVILLE** State **LA** Zip Code **70769**

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

Name of Employer **COATING SYSTEMS & SUPPLY** Occupation **PAINT DISTRIBUTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 02 / 2014**

**Transaction ID : SA11AI.7851**

Amount of Each Receipt this Period  
**500.00**

DONATION - EARMARKED THRU YAL PAC

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 103
	<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)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5810.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.7851.0**

Amount of Each Receipt this Period  
500.00

TOTAL EARMARKED THRU CONDUIT-PAC LIMIT NOT AFFECTED  
**[MEMO ITEM]**

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

Mailing Address 8011 W QUINALT

City KENNEWICK State WA Zip Code 99336

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

Name of Employer Occupation  
SELF EMPLOYED SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.7085**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Rep. RAUL R. REP. LABRADOR**

Mailing Address U.S. HOUSE OF REPRESENTATIVES  
1523 LONGWORTH HOUSE OFFICE BUILDI

City WASHINGTON State DC Zip Code 20515

FEC ID number of contributing federal political committee. **C** H0ID01253

Name of Employer Occupation  
US HOUSE OF REPRESENTATIVES US REPRESENTATIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.8271**

Amount of Each Receipt this Period  
500.00

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 36 OF 103
	<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 JOAN LARSEN**

Mailing Address 3320 W PEARL 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.7663**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. THOMAS LARSEN**

Mailing Address 3320 W PEARL 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.7661**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**LUMMIS FOR CONGRESS**

Mailing Address PO BOX 52188

City CASPER State WY Zip Code 82609

FEC ID number of contributing federal political committee. **C** C00443580

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  
 09 / 18 / 2014

**Transaction ID : SA11AI.7999**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
	<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 DEBORA LYLE**

Mailing Address 902 S JOHNSON RD

City OTHELLO State WA Zip Code 99344

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 Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.8198**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 902 S JOHNSON RD

City OTHELLO State WA Zip Code 99344

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

Name of Employer KEVIN LYLE FARM Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.8200**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. HAL LYONS**

Mailing Address PO BOX 195

City WENATCHEE State WA Zip Code 98801

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  
 09 / 01 / 2014

**Transaction ID : SA11AI.7352**

Amount of Each Receipt this Period  
400.00

DONATION

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

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

900.00

**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 103
	<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. DAVID MACHUGH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 660 DOGWOOD		<b>Transaction ID : SA11AI.6606</b>	
City PASCO	State WA	Zip Code 99301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer JACKASS MTN RANCH	Occupation CO-OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>Mr. BRUCE MADSEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 267 VINCENT CT		<b>Transaction ID : SA11AI.7529</b>	
City CENTRAL POINT	State OR	Zip Code 97502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer SPORTS THERAPY ASSOCIATES INC	Occupation SAFETY CONSULTANT		
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. BRUCE MADSEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 267 VINCENT CT		<b>Transaction ID : SA11AI.7931</b>	
City CENTRAL POINT	State OR	Zip Code 97502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SPORTS THERAPY ASSOCIATES INC	Occupation SAFETY CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 39 OF 103
	<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. MAKING A SENSIBLE SHIFT IN ELECTIONS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO BOX 821		<b>Transaction ID : SA11AI.8183</b>
City NEWPORT	State Zip Code KY 41072	
FEC ID number of contributing federal political committee. <b>C</b> C00563429		Amount of Each Receipt this Period 2600.00
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 2600.00	

Full Name (Last, First, Middle Initial) <b>B. MAPPS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1858 OLD RESTON AVE, STE 206		<b>Transaction ID : SA11AI.6602</b>
City RESTON	State Zip Code VA 20190	
FEC ID number of contributing federal political committee. <b>C</b> C00233247		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	DONATION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. DAVID MASON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 2234 E CROSBY RD		<b>Transaction ID : SA11AI.7858</b>
City CARROLLTON	State Zip Code TX 75006	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer VERIZON WIRELESS	Occupation ENGINEER	DONATION EARMARKED THRU YAL PAC
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3850.00
<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 40 OF 103
	<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)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6160.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2014

**Transaction ID : SA11AI.7858.0**

Amount of Each Receipt this Period  
 250.00

TOTAL EARMARKED THRU CONDUIT-PAC LIMIT NOT AFFECTED  
**[MEMO ITEM]**

**B.** 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 Occupation  
 GRANT L MATHEWS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.7233**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** 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 Occupation  
 NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.7234**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

500.00



**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 103
	<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. JESSE MATTILA**

Mailing Address 15533 NE LUCIA FALLS RD

City State Zip Code  
BATTLE GROUND WA 98604

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

Name of Employer Occupation  
ALITE CONSTRUCTION CONCRETE CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : SA11AI.7102**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms CYNTHIA MCKAY**

Mailing Address 3516 W 46TH AVE

City State Zip Code  
KENNEWICK WA 99337

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

Name of Employer Occupation  
KENNEWICK SCHOOL DIST TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : SA11AI.6896**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 3516 W 46TH AVE

City State Zip Code  
KENNEWICK WA 99337

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

Name of Employer Occupation  
27TH AVE SELF STORAGE 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  
 08 / 21 / 2014

**Transaction ID : SA11AI.6898**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<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 MCLAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 6119 SUMMITVIEW AVE HOUSE #14		<b>Transaction ID : SA11AI.7109</b>	
City YAKIMA	State WA	Zip Code 98908	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 _____ 225.00 _____		

Full Name (Last, First, Middle Initial) <b>Mr. ROBERT MCLAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 6119 SUMMITVIEW AVE HOUSE #14		<b>Transaction ID : SA11AI.7505</b>	
City YAKIMA	State WA	Zip Code 98908	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 _____ 275.00 _____		

Full Name (Last, First, Middle Initial) <b>Mr. GARY MIDDLETON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address PO BOX 159		<b>Transaction ID : SA11AI.7347</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer GARY MIDDLETON FARMS INC	Occupation OWNER		
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).....	_____ 600.00 _____
<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 43 OF 103
	<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)  
**MIDDLETON ORCHRDS, INC**

Mailing Address 4293 ELTOPIA WEST 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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.6888**

Amount of Each Receipt this Period  
750.00  
DONATION - REIMB 4TH QTR

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

Mailing Address 94105 E REATA RD

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.6647**

Amount of Each Receipt this Period  
500.00  
DONATION

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

Mailing Address 16222 67TH AVE NE

City State Zip Code  
ARLINGTON WA 98223

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

Name of Employer Occupation  
ELECTRIC MIRROR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : SA11AI.6730**

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 44 OF 103
	<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. CURTIS MOHR**

Mailing Address 2431 N COLUMBIA RIVER RD

City PASCO State WA Zip Code 99301

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

Name of Employer CURTIS T MOHR CLU CHFC MSFS Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.7837**

Amount of Each Receipt this Period  
**625.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Ms NADINE MOHR**

Mailing Address 2431 N COLUMBIA RIVER RD

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.7839**

Amount of Each Receipt this Period  
**625.00**

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7177**

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 45 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 6808 W 15TH

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7543**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 6808 W 15TH

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7542**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. STANLEY NELSON III**

Mailing Address 651 NW 163RD

City State Zip Code  
SHORELINE WA 98177

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

Name of Employer Occupation  
NELSON CHEVROLET CO PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2014

**Transaction ID : SA11AI.7010**

Amount of Each Receipt this Period  
200.00

DONATION

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

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

700.00

**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 103
	<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)  
**NO 9 HAY TRADING CO**

Mailing Address 2550 HUNGRY JUNCTION RD

City State Zip Code  
ELLENSBURG WA 98926

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

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 Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.7793**

Amount of Each Receipt this Period  
 1000.00

DONATION - REIMB 4TH QTR

**B.** Full Name (Last, First, Middle Initial)  
**Ms ORA OTTMAR**

Mailing Address 1365 MILBURN ST

City State Zip Code  
WALLA WALLA WA 99362

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 Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.7302**

Amount of Each Receipt this Period  
 50.00

DONATION

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

Mailing Address 412 RD 37

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.7397**

Amount of Each Receipt this Period  
 100.00

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 47 OF 103
	<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)  
**PAUL A BOUCHEY RANCH, INC**

Mailing Address 2310 EVANS RD

City WAPATO State WA Zip Code 98951

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.7993**

Amount of Each Receipt this Period  
750.00

DONATION - REIMB 4TH QTR

**B.** Full Name (Last, First, Middle Initial)  
**Ms RICHELLE PAULBITSKI**

Mailing Address 171 STARES LN

City SEQUIM State WA Zip Code 98382

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  
 09 / 29 / 2014

**Transaction ID : SA11AI.8078**

Amount of Each Receipt this Period  
250.00

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11AI.6528**

Amount of Each Receipt this Period  
50.00

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 48 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : SA11AI.6639**

Amount of Each Receipt this Period  
**50.00**

DONATION

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

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : SA11AI.6919**

Amount of Each Receipt this Period  
**50.00**

DONATION

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

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

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

**Transaction ID : SA11AI.7092**

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 49 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.7785**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.7946**

Amount of Each Receipt this Period  
50.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms CAMILLE PETERSON**

Mailing Address 1208 SUMMERHILL PL

City WENATCHEE State WA Zip Code 98801

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

Name of Employer CAMILLE H PETERSON 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  
 09 / 11 / 2014

**Transaction ID : SA11AI.7682**

Amount of Each Receipt this Period  
500.00

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 50 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. DALE PETERSON**

Mailing Address 1208 SUMMERHILL PL

City WENATCHEE State WA Zip Code 98801

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

Name of Employer PETERSON FAMILY ENTER'SES, LLC 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  
 09 / 11 / 2014

**Transaction ID : SA11AI.7680**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**PHIPPS FARMS LLC**

Mailing Address 1600 RANGER DR

City MESA State WA Zip Code 99343

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11AI.7254**

Amount of Each Receipt this Period  
250.00

DONATION - REIMB 4TH QTR

**C.** Full Name (Last, First, Middle Initial)  
**Ms WYNNE PIERRET**

Mailing Address 9590 SNAKE RIVER RD

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.7393**

Amount of Each Receipt this Period  
100.00

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 51 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 5220 W LATTIN RD

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7191**

Amount of Each Receipt this Period  
**100.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DANNY PUETZ**

Mailing Address 333 NE 125TH ST

City SEATTLE State WA Zip Code 98125

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

Name of Employer MOTIVATED MOVERS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.8428**

Amount of Each Receipt this Period  
**50.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms D'ANN RAMSEY**

Mailing Address 8612 WHIPPLE 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 **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.6807**

Amount of Each Receipt this Period  
**2600.00**

DONATION

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 8612 WHIPPLE DR

City PASCO State WA Zip Code 99301

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

Name of Employer BROADMOOR RV & TRUCK CENTER Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.6808**

Amount of Each Receipt this Period  
2600.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**RAUL LABRADOR FOR IDAHO**

Mailing Address PO BOX 1616

City BOISE State ID Zip Code 83701

FEC ID number of contributing federal political committee. **C** C00470948

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  
 09 / 27 / 2014

**Transaction ID : SA11AI.8273**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**REBUILD AMERICA PAC**

Mailing Address 5745 SW 7TH ST, #283

City GAINESVILLE State FL Zip Code 32608

FEC ID number of contributing federal political committee. **C** C00567180

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  
 09 / 29 / 2014

**Transaction ID : SA11AI.8524**

Amount of Each Receipt this Period  
2000.00

DONATION

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

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

5100.00

**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 103
	<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 RELLA REIMANN**

Mailing Address 111 MCCLENNY RD

City PASCO State WA Zip Code 99301

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

Name of Employer T & R FARMS, INC Occupation CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.6836**

Amount of Each Receipt this Period  
 500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**RONALD REIMANN**

Mailing Address 111 MCCLENNY RD

City PASCO State WA Zip Code 99301

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

Name of Employer T & R FARMS, INC Occupation CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.6835**

Amount of Each Receipt this Period  
 500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms DONNA REISNER**

Mailing Address 303 7TH ST

City ANACORTES State WA Zip Code 98221

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  
 08 / 25 / 2014

**Transaction ID : SA11AI.7438**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

2000.00

**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 103
	<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)  
**REPUBLICAN LIBERTY CAUCUS PAC**

Mailing Address 3734 43RD ST, #6

City SAN DIEGO State CA Zip Code 92105

FEC ID number of contributing federal political committee. **C** C00269241

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  
 09 / 26 / 2014

**Transaction ID : SA11AI.8209**

Amount of Each Receipt this Period  
 1000.00

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 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  
 07 / 22 / 2014

**Transaction ID : SA11AI.6479**

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 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  
 09 / 25 / 2014

**Transaction ID : SA11AI.8175**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
	<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)  
**RON ASMUS HOMES INC**

Mailing Address 2810 W CLEARWATER AVE, STE 102

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  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.8185**

Amount of Each Receipt this Period  
2500.00

DONATION - REIMB 4TH QTR

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

Mailing Address 4319 S HELENA ST

City State Zip Code  
SPOKANE WA 99203

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  
09 / 01 / 2014

**Transaction ID : SA11AI.7192**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address PO BOX 117

City State Zip Code  
NORTHPORT WA 99157

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  
08 / 18 / 2014

**Transaction ID : SA11AI.6881**

Amount of Each Receipt this Period  
500.00

DONATION - REIMB 4TH QTR

**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 56 OF 103
	<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)  
**SARHPAC**

Mailing Address **PO BOX 7711**

City **ARLINGTON** State **VA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C C00458588**

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 Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.6890**

Amount of Each Receipt this Period  
**5000.00**

DONATION

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

Mailing Address **6354 CHINOOK DR**

City **CLINTON** State **WA** Zip Code **98236**

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 Y Y  
**09 / 01 / 2014**

**Transaction ID : SA11AI.7326**

Amount of Each Receipt this Period  
**500.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms FRANCES SCHEEL**

Mailing Address **61354 CHINOOK DR**

City **CLINTON** State **WA** Zip Code **98236**

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 Y Y  
**09 / 01 / 2014**

**Transaction ID : SA11AI.7328**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

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

**6000.00**



**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 57 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 11701 RD 170

City State Zip Code  
BASIN CITY WA 99343

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

Name of Employer Occupation  
GRETCHEN SCHREINER TRANSPORT OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11AI.6490**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 5609 80TH AVE SE

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
SIMPERMAN-CORETTE FOUNDATION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11AI.7204**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 2103 SUNRISE CT

City State Zip Code  
WEST RICHLAND WA 99353

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

Name of Employer Occupation  
BECHTEL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.7922**

Amount of Each Receipt this Period  
300.00

DONATION

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

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

1300.00

**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 58 OF 103
	<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)  
**SMI GROUP XII, LLC**

Mailing Address 1030 BATTELLE BLVD, #102

City RICHLAND State WA Zip Code 99354

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.7787**

Amount of Each Receipt this Period  
2500.00

DONATION - REIMB 4TH QTR

**B.** Full Name (Last, First, Middle Initial)  
**SMI GROUP XV, LLC**

Mailing Address 1030 BATTELLE BLVD, #102

City RICHLAND State WA Zip Code 99354

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.7789**

Amount of Each Receipt this Period  
2500.00

DONATION - REIMB 4TH QTR

**C.** Full Name (Last, First, Middle Initial)  
**STAHL HUTTERIAN BRETHERN**

Mailing Address 1485 N HOFFMAN RD

City RITZVILLE State WA Zip Code 99169

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  
 08 / 15 / 2014

**Transaction ID : SA11AI.6956**

Amount of Each Receipt this Period  
500.00

DONATION - REIMB 4TH QTR

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 103
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

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

Mailing Address 1602 S FILLMORE ST

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
FRED MEYER CLERK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11Al.6792**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address 1602 S FILLMORE ST

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
FRED MEYER CLERK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11Al.7087**

Amount of Each Receipt this Period  
**100.00**

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms BARBARA STORMS**

Mailing Address 8614 BELL ST

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  
**08 / 04 / 2014**

**Transaction ID : SA11Al.6826**

Amount of Each Receipt this Period  
**50.00**

DONATION

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

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

**250.00**

**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 60 OF 103
	<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  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.7203**

Amount of Each Receipt this Period  
50.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**SUPPORTING CONSERVATIVES OF TODAY & TOMORROW PAC**

Mailing Address PO BOX 905

City NEWTON State NJ Zip Code 07860

FEC ID number of contributing federal political committee. **C** C00453324

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.8491**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 6753 E TILSTRA RD

City BENTON CITY State WA Zip Code 99320

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.7155**

Amount of Each Receipt this Period  
200.00

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 61 OF 103
	<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. RAWLEY TAYLOR**

Mailing Address 261 LINCOLN RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.6969**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**THE PACIFIC NORTHWEST PROJECT**

Mailing Address 3030 W CLEARWATER AVE, STE 205-A

City KENNEWICK State WA Zip Code 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  
750.00

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

**Transaction ID : SA11AI.7582**

Amount of Each Receipt this Period  
750.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS MASSIE FOR CONGRESS**

Mailing Address PO BOX 1444

City FLORENCE State KY Zip Code 41022

FEC ID number of contributing federal political committee. **C** C00509729

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.7481**

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 62 OF 103
	<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. BILL THOMPSON**

Mailing Address 8213 OLYMPIC VIEW LN

City State Zip Code  
CLINTON WA 98236

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  
09 / 10 / 2014

**Transaction ID : SA11AI.7499**

Amount of Each Receipt this Period  
300.00

DONATION

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

Mailing Address 2716 RD 64

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
TIPPETT COMPANY OWNEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2014

**Transaction ID : SA11AI.6934**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2014

**Transaction ID : SA11AI.7436**

Amount of Each Receipt this Period  
375.00

DONATION

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

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

925.00

**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 63 OF 103
	<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 JODINE TOMICH**

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.7437**

Amount of Each Receipt this Period  
 375.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. GILBERT TOMLINSON**

Mailing Address 3682 SELPH LANDING RD

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  
250.00

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

**Transaction ID : SA11AI.7335**

Amount of Each Receipt this Period  
 250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms JEAN TOMLINSON**

Mailing Address 3682 SELPH LANDING RD

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  
250.00

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

**Transaction ID : SA11AI.7337**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

875.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 103
	<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 TURPANJIAN**

Mailing Address 580 SILVER SPUR RD

City RANCHO PALOS VERDES State CA Zip Code 90275

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

Name of Employer NEW SPARK HOLDINGS, INC Occupation CONTROLLER

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  
 09 / 04 / 2014

**Transaction ID : SA11AI.7078**

Amount of Each Receipt this Period  
2600.00

DONATION

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

Mailing Address 5113 PATRICIA AVE

City LAS VEGAS State NV Zip Code 89130

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.7427**

Amount of Each Receipt this Period  
200.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**VETERANS VICTORY FUND**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7687**

Amount of Each Receipt this Period  
2500.00

DONATION

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

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

5300.00



**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 65 OF 103
	<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. BOBBY VICKERS**

Mailing Address 6041 WINDSOR DR

City State Zip Code  
FAIRWAY KS 66205

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

Name of Employer Occupation  
IMA CORP PRODUCER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.6665**

Amount of Each Receipt this Period  
 250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. MAURICE WHITE**

Mailing Address 8509 CLARA DR

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.7525**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

Mailing Address 2290 KLAMATH RD

City State Zip Code  
MESA WA 99343

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

Name of Employer Occupation  
FLYING W FARMS 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  
 09 / 23 / 2014

**Transaction ID : SA11AI.8031**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 103
	<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)  
**WORSHAM FARMS LLC**

Mailing Address 2690 ST RT 17

City MESA State WA Zip Code 99343

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.7834**

Amount of Each Receipt this Period  
 1500.00

DONATION - REIMB 4TH QTR

**B.** Full Name (Last, First, Middle Initial)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11AI.6608**

Amount of Each Receipt this Period  
 5200.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

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  
 07 / 28 / 2014

**Transaction ID : SA11AI.6617**

Amount of Each Receipt this Period  
 -200.00

Redesignate: DONATION

**[MEMO ITEM]**

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

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

6700.00

**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 67 OF 103
	<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)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

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  
 07 / 28 / 2014

**Transaction ID : SA11AI.6618**

Amount of Each Receipt this Period  
 200.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.6827**

Amount of Each Receipt this Period  
 110.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**YOUNG AMERICANS FOR LIBERTY PAC**

Mailing Address 3030 CLARENDON BLVD, STE 200

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 6742.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11AI.7489**

Amount of Each Receipt this Period  
 2.00

DONATION

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

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

112.00

**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 68 OF 103
	<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 CYNTHIA ZAPOTOCKY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address PO BOX 8672		<b>Transaction ID : SA11AI.6604</b>	
City SPOKANE	State WA	Zip Code 99203	Amount of Each Receipt this Period _____ 1300.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. JOHN ZAPOTOCKY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address PO BOX 8672		<b>Transaction ID : SA11AI.6605</b>	
City SPOKANE	State WA	Zip Code 99203	Amount of Each Receipt this Period _____ 1300.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer PACIFIC RIM LAND INC	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. ARTHUR ZELLMER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address BOX 325		<b>Transaction ID : SA11AI.7256</b>	
City DAVENPORT	State WA	Zip Code 99122	Amount of Each Receipt this Period _____ 125.00 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 _____ 305.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2725.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 136462.00

**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 69 OF 103			
	<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. ACN RADIO NETWORK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO BOX 31000		Amount of Each Disbursement this Period 720.00 <b>Transaction ID : SB17.6849</b>
City SPOKANE	State WA Zip Code 99223	
Purpose of Disbursement JULY RADIO ADS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACTION SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 6855 NE ARNOLD AVE		Amount of Each Disbursement this Period 1926.12 <b>Transaction ID : SB17.6626</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 checked="" type="checkbox"/> Primary <input 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 08 / 08 / 2014
Mailing Address 6855 NE ARNOLD AVE		Amount of Each Disbursement this Period 1654.42 <b>Transaction ID : SB17.6789</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4300.54
<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 103	
	<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. ALASKA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 563.20
City SEATTLE	State WA	
Zip Code 98168	Purpose of Disbursement AIRLINE TICKET	Transaction ID : SB17.7380
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 08 / 08 / 2014
Mailing Address 6951 MLK JUNIOR WAY S STE 226		Amount of Each Disbursement this Period 940.00
City SEATTLE	State WA	
Zip Code 98118	Purpose of Disbursement PUBLIC DISCLOSURE REQ	Transaction ID : SB17.6786
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 09 / 05 / 2014
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 67.41
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement ONLINE FEES	Transaction ID : SB17.7094
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).....	1570.61
<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 103			
	<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. ARS FRESNO TESORO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 4804 N RD 68		Amount of Each Disbursement this Period 90.82 <b>Transaction ID : SB17.7958</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement FUEL	
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 CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6746</b>
City SPOKANE VALLEY State WA Zip Code 99206	Purpose of Disbursement ACCT'NG & FILING SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.7371</b>
City SPOKANE VALLEY State WA Zip Code 99206	Purpose of Disbursement ACCT'NG & FILING 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).....	3090.82
<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 72 OF 103	
	<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. CHEVRON RITZVILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 101 W GALBREATH WAY			Amount of Each Disbursement this Period 87.31	
City RITZVILLE	State WA	Zip Code 99169	Transaction ID : SB17.6916	
Purpose of Disbursement FUEL		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. CHEVRON RITZVILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 101 W GALBREATH WAY			Amount of Each Disbursement this Period 91.09	
City RITZVILLE	State WA	Zip Code 99169	Transaction ID : SB17.6948	
Purpose of Disbursement FUEL		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. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 1593 SPRING HILL RD STE 400			Amount of Each Disbursement this Period 288.38	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.6622	
Purpose of Disbursement MAIL & INVOICES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	466.78
<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 103			
	<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 08 / 26 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 420.09
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.6918</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 09 / 10 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 24.13
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.7383</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 09 / 11 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 379.72
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Category/Type	<b>Transaction ID : SB17.7507</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).....	823.94
<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 103			
	<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 09 / 18 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 110.63 <b>Transaction ID : SB17.7730</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	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. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 136.11 <b>Transaction ID : SB17.7957</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	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. CONSTANT CONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1601 TRAPELO RD, RESERVOIR RD		Amount of Each Disbursement this Period 86.88 <b>Transaction ID : SB17.6805</b>
City WALTHAM	State MA Zip Code 02451	
Purpose of Disbursement ONLINE MARKETING	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).....	333.62
<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 103			
	<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  
ONLINE MARKETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 11 / 2014

Amount of Each Disbursement this Period: 119.46

Transaction ID : SB17.7509

**B. DESERT WINDS WIRELESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 6855 W CLEARWATER AVE, A101-104

City KENNEWICK State WA Zip Code 99336

Purpose of Disbursement  
CELL PHONE SVCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2014

Amount of Each Disbursement this Period: 180.00

Transaction ID : SB17.7076

**C. JUSTIN DIDIER**

Full Name (Last, First, Middle Initial)  
Mailing Address 8770 GLADE RD N

City PASCO State WA Zip Code 99301

Purpose of Disbursement  
REIMB FOR AIRLINE TICKET

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 1510.00

Transaction ID : SB17.7902

**SUBTOTAL** of Disbursements This Page (optional) ..... 1809.46

**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 76 OF 103		
	<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. DIDIER FARMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 444 HOLY DR		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.6510</b>
City ELTOPIA	State WA	
Zip Code 99330	Purpose of Disbursement REIMB FM 1ST QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 33509.96 <b>Transaction ID : SB17.6625</b>
City SPOKANE	State WA	
Zip Code 99202	Purpose of Disbursement MAILERS	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>C. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 484.99 <b>Transaction ID : SB17.6785</b>
City SPOKANE	State WA	
Zip Code 99202	Purpose of Disbursement TAX ON INVOICE	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).....	34094.95
<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 103			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CLINT DIDIER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. DIRECT MAIL ENTERPRISES INC**

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: 08 / 08 / 2014

Amount of Each Disbursement this Period: 26236.06

Transaction ID : SB17.6852

Full Name (Last, First, Middle Initial)  
**B. DIRECT MAIL ENTERPRISES INC**

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: 08 / 28 / 2014

Amount of Each Disbursement this Period: 5372.92

Transaction ID : SB17.7360

Full Name (Last, First, Middle Initial)  
**C. DIRECT MAIL ENTERPRISES INC**

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: 09 / 02 / 2014

Amount of Each Disbursement this Period: 798.25

Transaction ID : SB17.7361

**SUBTOTAL** of Disbursements This Page (optional)..... 32407.23

**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 78 OF 103	
	<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. 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: 09 / 29 / 2014

Amount of Each Disbursement this Period: 536.82

Transaction ID : SB17.8085

**B. Mr. DAVID FERMAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 2104 E PHINNEY BAY DR

City BREMERTON State WA Zip Code 98312

Purpose of Disbursement AUG & SEP SIGN PLACEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.7073

**C. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 4390

City PASCO State WA Zip Code 99302

Purpose of Disbursement REIMB - OVER LIMIT DONATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 25 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.6535

**SUBTOTAL** of Disbursements This Page (optional)..... 1936.82

**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 79 OF 103	
	<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. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 4390		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.7364</b>
City PASCO State WA Zip Code 99302	Purpose of Disbursement REIMB TO NON-REG'ED COMMITTEE DONATION	
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. HEINEN BROTHERS, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 13218 HWY 396		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.6588</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement REIMB FM 1ST QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IRONWOOD ACRES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 250 IRONWOOD RD		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.6895</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement REIMB FM 2ND QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5350.00
<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 80 OF 103	
	<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 09 / 30 / 2014
Mailing Address 2500 116TH AVE NE		Amount of Each Disbursement this Period 778.55 <b>Transaction ID : SB17.8116</b>
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement MAILING LISTS	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. LITTLE BONANZA PRODUCTIONS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 33301 AGUA DULCE CANYON RD PMB#2		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.7512</b>
City AGUA DULCE	State CA	
Zip Code 91390	Purpose of Disbursement VIDEO	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. LITTLE BONANZA PRODUCTIONS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 33301 AGUA DULCE CANYON RD PMB#2		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.7899</b>
City AGUA DULCE	State CA	
Zip Code 91390	Purpose of Disbursement CAMPAIGN VIDEO	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).....	10778.55
<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 103			
	<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. LOWE'S HOME IMPROVEMENT</b>		Date of Disbursement
Mailing Address 4520 ROAD 68		M M / D D / Y Y Y Y 07 / 24 / 2014
City PASCO	State WA	Zip Code 99301
Purpose of Disbursement SIGN MATERIALS	Amount of Each Disbursement this Period 50.78	
Candidate Name	Transaction ID : SB17.6533	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. LOWE'S HOME IMPROVEMENT</b>		Date of Disbursement
Mailing Address 4520 ROAD 68		M M / D D / Y Y Y Y 08 / 15 / 2014
City PASCO	State WA	Zip Code 99301
Purpose of Disbursement SIGNAGE	Amount of Each Disbursement this Period 137.09	
Candidate Name	Transaction ID : SB17.6873	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. LOWE'S HOME IMPROVEMENT</b>		Date of Disbursement
Mailing Address 4520 ROAD 68		M M / D D / Y Y Y Y 09 / 12 / 2014
City PASCO	State WA	Zip Code 99301
Purpose of Disbursement SIGN MATERIALS	Amount of Each Disbursement this Period 366.73	
Candidate Name	Transaction ID : SB17.7515	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	554.60
<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 103			
	<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. MERCHANT E-SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102			Amount of Each Disbursement this Period 369.58 <b>Transaction ID : SB17.6771</b>
City REDWOOD CITY	State CA	Zip Code 94065	
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:			

Full Name (Last, First, Middle Initial) <b>B. MERCHANT E-SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102			Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.6772</b>
City REDWOOD CITY	State CA	Zip Code 94065	
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:			

Full Name (Last, First, Middle Initial) <b>C. MERCHANT E-SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102			Amount of Each Disbursement this Period 472.44 <b>Transaction ID : SB17.7077</b>
City REDWOOD CITY	State CA	Zip Code 94065	
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).....	1067.02
<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 103			
	<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 07 / 18 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 72.53
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
Candidate Name		Transaction ID : SB17.6456
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:	Category/Type	

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 07 / 25 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 50.02
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
Candidate Name		Transaction ID : SB17.6581
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:	Category/Type	

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 07 / 28 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 94.07
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
Candidate Name		Transaction ID : SB17.6582
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	216.62
<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 84 OF 103	
	<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 08 / 01 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 60.87 <b>Transaction ID : SB17.6725</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MR QWIK'S COUNTRY, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 72.79 <b>Transaction ID : SB17.6743</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR QWIK'S COUNTRY, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 74.43 <b>Transaction ID : SB17.6855</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement FUEL	
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).....	208.09
<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 85 OF 103		
	<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. MR QWIK'S COUNTRY, INC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8

City ELTOPIA State WA Zip Code 99330

Purpose of Disbursement FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 96.34

Transaction ID : SB17.6900

**B. MR QWIK'S COUNTRY, INC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8

City ELTOPIA State WA Zip Code 99330

Purpose of Disbursement FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 55.29

Transaction ID : SB17.6901

**C. MR QWIK'S COUNTRY, INC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8

City ELTOPIA State WA Zip Code 99330

Purpose of Disbursement FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 40.00

Transaction ID : SB17.6908

**SUBTOTAL** of Disbursements This Page (optional)..... 191.63

**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 86 OF 103	
	<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 09 / 08 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 37.33	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.7376	
Purpose of Disbursement FUEL		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 QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 89.03	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.7640	
Purpose of Disbursement FUEL		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. NATIONAL COLOR GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 18218.52	
City SPOKANE	State WA	Zip Code 99201	Transaction ID : SB17.6580	
Purpose of Disbursement FUNDRAISING MATERIALS		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18344.88
<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 87 OF 103			
	<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 08 / 01 / 2014
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 511.45 <b>Transaction ID : SB17.6721</b>
City SPOKANE	State WA	Zip Code 99201	
Purpose of Disbursement FUNDRAISING MATERIALS		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL COLOR GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 177.18 <b>Transaction ID : SB17.6779</b>
City SPOKANE	State WA	Zip Code 99201	
Purpose of Disbursement FUNDRAISING MATERIALS		Category/ Type	
Candidate Name			
Office Sought:	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 08 / 12 / 2014
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 9709.08 <b>Transaction ID : SB17.6813</b>
City SPOKANE	State WA	Zip Code 99201	
Purpose of Disbursement FUNDRAISING MATERIAL & PRINTING		Category/ Type	
Candidate Name			
Office Sought:	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).....	10397.71
<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 88 OF 103	
	<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 08 / 28 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 5379.55 <b>Transaction ID : SB17.7368</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement FUNDRAISING MATERIALS & 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>B. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 281.53 <b>Transaction ID : SB17.7373</b>
City SPOKANE	State WA	
Zip Code 99201	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:	

Full Name (Last, First, Middle Initial) <b>C. NOW AMFOUND GEOGRAPHICS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO BOX 2906		Amount of Each Disbursement this Period 312.00 <b>Transaction ID : SB17.6740</b>
City KIRKLAND	State WA	
Zip Code 98083	Purpose of Disbursement PRECINCT ANALYSIS & DOORBELLING MAPS	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5973.08
<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 89 OF 103	
	<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 08 / 11 / 2014
Mailing Address PO BOX 2906		Amount of Each Disbursement this Period 310.00 <b>Transaction ID : SB17.6810</b>
City KIRKLAND	State WA	
Zip Code 98083	Purpose of Disbursement PRECINCT ANALYSIS & DOORBELLING MAPS	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. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 72.11 <b>Transaction ID : SB17.6476</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 317.61 <b>Transaction ID : SB17.7514</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	699.72
<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 90 OF 103			
	<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. OMNI SHOREHAM HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address 2500 CALVERT ST			Amount of Each Disbursement this Period 978.62		
City WASHINGTON	State DC	Zip Code 20008	Transaction ID : SB17.8064		
Purpose of Disbursement ACCOMMODATIONS		Category/ Type			
Candidate Name					
Office Sought:	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 07 / 25 / 2014		
Mailing Address 2105 N COMMERCIAL AVE			Amount of Each Disbursement this Period 236.75		
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.6536		
Purpose of Disbursement SIGN MATERIALS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. PARR LUMBER CO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014		
Mailing Address 2105 N COMMERCIAL AVE			Amount of Each Disbursement this Period 377.39		
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.6874		
Purpose of Disbursement SIGNAGE		Category/ Type			
Candidate Name					
Office Sought:	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).....	1592.76
<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 91 OF 103	
	<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 07 / 29 / 2014
Mailing Address 3002 COLBY AVE, STE 306		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6781</b>
City EVERETT	State WA	
Zip Code 98201	Purpose of Disbursement PROFESSIONAL SVCES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. STEPHEN PIDGEON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 3002 COLBY AVE, STE 306		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7734</b>
City EVERETT	State WA	
Zip Code 98201	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. Mr. SAM PIMM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7731</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<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 92 OF 103	
	<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. PRESSCATS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 18219 N LIDGERWOOD		Amount of Each Disbursement this Period 890.87 <b>Transaction ID : SB17.6894</b>
City COLBERT State WA Zip Code 99005	Purpose of Disbursement SIGNS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PRESSCATS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 18219 N LIDGERWOOD		Amount of Each Disbursement this Period 5350.59 <b>Transaction ID : SB17.7075</b>
City COLBERT State WA Zip Code 99005	Purpose of Disbursement MAILER	
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. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.6733</b>
City PORT ORCHARD State WA Zip Code 98366	Purpose of Disbursement CONSULTING FEE & REIMB FOR MEDIA EXPENSES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21241.46
<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 93 OF 103	
	<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. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.7370</b>
City PORT ORCHARD	State WA	
Zip Code 98366	Purpose of Disbursement CONSULTING 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:	

Full Name (Last, First, Middle Initial) <b>B. Mr. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 7435.32 <b>Transaction ID : SB17.8046</b>
City PORT ORCHARD	State WA	
Zip Code 98366	Purpose of Disbursement REIMB FOR MEDIA 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. Mr. LARRY STICKNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 978 WESTOVER RD		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.6722</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17435.32
<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 94 OF 103			
	<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. LARRY STICKNEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 978 WESTOVER RD			Amount of Each Disbursement this Period 5000.00		
City COLVILLE	State WA	Zip Code 99114	Transaction ID : SB17.7069		
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:					

Full Name (Last, First, Middle Initial) <b>B. T-SHIRT FACTORY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014		
Mailing Address 1625 W A ST			Amount of Each Disbursement this Period 445.26		
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.7638		
Purpose of Disbursement TEES FOR 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>C. THE SOURCE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address 575 PENNSYLVANIA AVE NW			Amount of Each Disbursement this Period 1103.30		
City WASHINGTON	State DC	Zip Code 20565	Transaction ID : SB17.8070		
Purpose of Disbursement CONSUMABLES		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).....	6548.56
<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 95 OF 103			
	<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. US POST OFFICE</b>		Date of Disbursement
Mailing Address 13101 GLADE N RD		M M / D D / Y Y Y Y 07 / 22 / 2014
City ELTOPIA	State WA	Zip Code 99330
Purpose of Disbursement MAILINGS	Amount of Each Disbursement this Period 5.75	
Candidate Name	Transaction ID : SB17.6507	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US POST OFFICE</b>		Date of Disbursement
Mailing Address 13101 GLADE N RD		M M / D D / Y Y Y Y 07 / 24 / 2014
City ELTOPIA	State WA	Zip Code 99330
Purpose of Disbursement MAILINGS	Amount of Each Disbursement this Period 152.75	
Candidate Name	Transaction ID : SB17.6534	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US POST OFFICE</b>		Date of Disbursement
Mailing Address 13101 GLADE N RD		M M / D D / Y Y Y Y 08 / 25 / 2014
City ELTOPIA	State WA	Zip Code 99330
Purpose of Disbursement MAILINGS	Amount of Each Disbursement this Period 23.55	
Candidate Name	Transaction ID : SB17.6913	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.05
<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 96 OF 103			
	<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. US POST OFFICE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 13101 GLADE N RD			Amount of Each Disbursement this Period 1.19	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.6945	
Purpose of Disbursement 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:				

Full Name (Last, First, Middle Initial) <b>B. US POST OFFICE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 13101 GLADE N RD			Amount of Each Disbursement this Period 199.92	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.7901	
Purpose of Disbursement 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:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014	
Mailing Address PO BOX 4005			Amount of Each Disbursement this Period 327.72	
City ACTON	State GA	Zip Code 30101	Transaction ID : SB17.6875	
Purpose of Disbursement CELL PHONE SVCE		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).....	528.83
<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 97 OF 103			
	<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. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO BOX 4005		Amount of Each Disbursement this Period 305.32 <b>Transaction ID : SB17.8048</b>
City ACTON	State GA	
Zip Code 30101	Purpose of Disbursement WIRELESS SVCE	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. VOSSLER MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 11730 118th Ave NE		Amount of Each Disbursement this Period 2190.00 <b>Transaction ID : SB17.8087</b>
City KIRKLAND	State WA	
Zip Code 98034	Purpose of Disbursement WEBSITE	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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 120.32 <b>Transaction ID : SB17.6517</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2615.64
<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 98 OF 103	
	<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 M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 183.90
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.6661
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 4.36
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.6815
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 150.02
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.6816
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	338.28
<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 99 OF 103	
	<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 M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 147.00 <b>Transaction ID : SB17.6876</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 28.69 <b>Transaction ID : SB17.6877</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 200.58 <b>Transaction ID : SB17.6899</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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).....	376.27
<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 100 OF 103	
	<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 M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 131.51 <b>Transaction ID : SB17.7379</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 164.40 <b>Transaction ID : SB17.7955</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 291.05 <b>Transaction ID : SB17.8088</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement OFFICE SUPPLIES	
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).....	586.96
<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 101 OF 103	
	<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. DERRAL WHITE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 12 / 2014</b>
Mailing Address 2146 HERITAGE WAY		Amount of Each Disbursement this Period <b>539.40</b>
City ADDY	State WA	
Zip Code 99101	Purpose of Disbursement SIGNAGE & FUEL	<b>Transaction ID : SB17.6812</b>
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.</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:		

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).....	<b>539.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>192102.20</b>

# 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 0.00 10000.00

### 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)..... ▶ 10000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

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

<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	0.00	20000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2014	M M / D D / Y Y Y Y / / 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).....	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	30000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	