

# 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** 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 08 / 05 / 2014 in the State of WA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period 07 / 01 / 2014 through 07 / 16 / 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 07 / 25 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CLINT DIDIER FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	28800.00	217974.20
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28800.00	217974.20
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	24637.03	129840.12
(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)).....	24637.03	129840.12
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	118134.08	
<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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23775.00	173450.00
(ii) Unitemized.....	5025.00	44524.20
(iii) TOTAL of contributions from individuals ▶	28800.00	217974.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28800.00	217974.20
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	28800.00	247974.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24637.03	129840.12
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) ►	24637.03	129840.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	113971.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28800.00
25. SUBTOTAL (add Line 23 and Line 24).....	142771.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24637.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	118134.08

**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 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 956 ADAMS RD N

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Occupation  
ALAN BOWMAN CO OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2014

**Transaction ID : SA11AI.6442**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 956 ADAMS RD N

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2014

**Transaction ID : SA11AI.6443**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Mr. FRANK BOWN**

Mailing Address PO BOX 95302

City State Zip Code  
SEATTLE WA 98145

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 / 08 / 2014

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<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 CARLEEN BROPHY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2014	
Mailing Address PO BOX 1185		<b>Transaction ID : SA11AI.6272</b>	
City JACKSON	State WY	Zip Code 83001	Amount of Each Receipt this Period 3000.00 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 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms BEVERLY CALAWAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 210 RIDGEVIEW DR		<b>Transaction ID : SA11AI.6438</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period 2600.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer CALAWAY CO	Occupation CO-OWNER		
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. COURT CALAWAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 210 RIDGEVIEW DR		<b>Transaction ID : SA11AI.6440</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period 2600.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer CALAWAY CO	Occupation CO-OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8200.00
<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 7 OF 22
	<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 JANE CALAWAY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address PO BOX 714		<b>Transaction ID : SA11AI.6447</b>	
City OTHELLO	State WA	Zip Code 99344	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. Mr. CHARLES COX</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 2298 GREEN MTN RD		<b>Transaction ID : SA11AI.6245</b>	
City KALAMA	State WA	Zip Code 98625	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ZOETIS	Occupation SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>C. Mr. MICHAEL DARLAND</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2014	
Mailing Address 2021 102ND PL SE		<b>Transaction ID : SA11AI.6409</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 8 OF 22
	<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 MYRNA DARLAND**

Mailing Address 2021 102ND PL SE

City State Zip Code  
BELLEVUE WA 98004

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2014

**Transaction ID : SA11AI.6407**

Amount of Each Receipt this Period  
500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. BUD FELDKAMP**

Mailing Address 1531 DWIGHT ST

City State Zip Code  
REDLANDS CA 92373

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 / 14 / 2014

**Transaction ID : SA11AI.6357**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address PO BOX 4390

City State Zip Code  
PASCO WA 99302

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SA11AI.6396**

Amount of Each Receipt this Period  
3000.00

DONATION

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms MARY 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 NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6296**

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11AI.6346**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address 18623 ROCKLYN RD N

City DAVENPORT State WA Zip Code 99122

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

Name of Employer FRAN RICK, INC Occupation PRESIDENT & CHAIRMAN

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 / 09 / 2014

**Transaction ID : SA11AI.6342**

Amount of Each Receipt this Period  
 500.00

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 10 OF 22
	<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)  
**HAYES FARMS**

Mailing Address 41 N BAART RD

City MESA State WA Zip Code 99343

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11AI.6413**

Amount of Each Receipt this Period  
 500.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CONWAY IVY**

Mailing Address PO BOX 1408

City BEAUFORT State SC Zip Code 29901

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

Name of Employer Occupation  
 HISTORIC BEAUFORT FOUNDATION CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6314**

Amount of Each Receipt this Period  
 600.00

DONATION

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

Mailing Address PO BOX 1408

City BEAUFORT State SC Zip Code 29901

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6316**

Amount of Each Receipt this Period  
 600.00

DONATION

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

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

1700.00

**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 22
	<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 LEE**

Mailing Address 2600 W 34TH AVE

City KENNEWICK State WA Zip Code 99337

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

Name of Employer 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  
 07 / 01 / 2014

**Transaction ID : SA11AI.6196**

Amount of Each Receipt this Period  
150.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**MAX AGRI-PAC**

Mailing Address PO BOX 299

City ROYAL CITY State WA Zip Code 99357

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.6454**

Amount of Each Receipt this Period  
2000.00

DONATION

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

Mailing Address 412 RD 37

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6321**

Amount of Each Receipt this Period  
100.00

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 12 OF 22
	<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 ELIZABETH PATTON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 1100 CHUCKANUT CREST LN		<b>Transaction ID : SA11AI.6359</b>	
City BELLINGHAM	State WA	Zip Code 98229	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. PIEKARSKI FARMS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 81 DUSTY RD		<b>Transaction ID : SA11AI.6236</b>	
City PASCO	State WA	Zip Code 99301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>C. Mr. TOM PODOMINICK</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address PO BOX 261		<b>Transaction ID : SA11AI.6216</b>	
City METALINE FALLS	State WA	Zip Code 99153	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer NONE		Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	1125.00

**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 22
	<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)  
**ROBINSON POLE BUILDING**

Mailing Address 1071 MIDDLE BASIN RD

City State Zip Code  
COLVILLE WA 99114

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
200.00

DONATION

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

Mailing Address 502 N RD 47

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  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2014

**Transaction ID : SA11AI.6337**

Amount of Each Receipt this Period  
350.00

DONATION

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

Mailing Address PO BOX 1444

City State Zip Code  
FLORENCE KY 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  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SA11AI.6444**

Amount of Each Receipt this Period  
2000.00

DONATION

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<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. TERRENCE ZEHRER**

Mailing Address 2125 1ST AVE, APT 2203

City SEATTLE State WA Zip Code 98121

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 / 09 / 2014

**Transaction ID : SA11Al.6292**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

23775.00

**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 15 OF 22			
	<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. CLINE COMPUTERS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 2161 VAN GIESEN ST			Amount of Each Disbursement this Period 119.13 <b>Transaction ID : SB17.6264</b>
City RICHLAND	State WA	Zip Code 99354	
Purpose of Disbursement COMPUTER REPAIR	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CLINE COMPUTERS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 2161 VAN GIESEN ST			Amount of Each Disbursement this Period 64.98 <b>Transaction ID : SB17.6284</b>
City RICHLAND	State WA	Zip Code 99354	
Purpose of Disbursement COMPUTER REPAIR	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input 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 / 01 / 2014
Mailing Address 1593 SPRING HILL RD STE 400			Amount of Each Disbursement this Period 199.32 <b>Transaction ID : SB17.6181</b>
City TYSONS CORNER	State VA	Zip Code 22182	
Purpose of Disbursement CAMPAIGN 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).....	383.43
<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 16 OF 22	
	<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. CONSTANT CONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1601 TRAPELO RD, RESERVOIR RD		Amount of Each Disbursement this Period 86.88
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement ONLINE MARKETING	Transaction ID : SB17.6349
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. COSTCO KENNEWICK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 8505 W GAGE BLVD		Amount of Each Disbursement this Period 459.48
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.6204
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. DIDIER FARMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 444 HOLY DR		Amount of Each Disbursement this Period 2500.00
City ELTOPIA	State WA	
Zip Code 99330	Purpose of Disbursement REIMB - 1ST QTR	Transaction ID : SB17.6365
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).....	3046.36
<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 17 OF 22			
	<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 07 / 03 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102		Amount of Each Disbursement this Period 210.43 <b>Transaction ID : SB17.6252</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 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 07 / 15 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 1331.08 <b>Transaction ID : SB17.6474</b>
City SPOKANE State WA Zip Code 99201	Purpose of Disbursement BROCHURE	
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. PARR LUMBER CO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 2105 N COMMERCIAL AVE		Amount of Each Disbursement this Period 185.15 <b>Transaction ID : SB17.6253</b>
City PASCO State WA Zip Code 99301	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1726.66
<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 18 OF 22			
	<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. DOUGLAS SIMPSON</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 6010 WYNN JONES RD E			Amount of Each Disbursement this Period 1002.25	
City PORT ORCHARD	State WA	Zip Code 98366	Transaction ID : SB17.6251	
Purpose of Disbursement REIMB EXP FOR CAMPAIGN TRIP		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. DOUGLAS SIMPSON</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 6010 WYNN JONES RD E			Amount of Each Disbursement this Period 5000.00	
City PORT ORCHARD	State WA	Zip Code 98366	Transaction ID : SB17.6364	
Purpose of Disbursement CONSULTANT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS SIMPSON</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 6010 WYNN JONES RD E			Amount of Each Disbursement this Period 6423.00	
City PORT ORCHARD	State WA	Zip Code 98366	Transaction ID : SB17.6512	
Purpose of Disbursement REIMB FOR RADIO ADS		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).....	12425.25
<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 19 OF 22			
	<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 07 / 07 / 2014
Mailing Address 978 WESTOVER RD		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.6279</b>
City COLVILLE State WA Zip Code 99114	Purpose of Disbursement PROFESSIONAL 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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 13101 GLADE N RD		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : SB17.6241</b>
City ELTOPIA State WA Zip Code 99330	Purpose of Disbursement STAMPS	
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. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 150.60 <b>Transaction ID : SB17.6258</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5215.60
<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 20 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. WALMART SUPERCENTER</b>		Date of Disbursement
Mailing Address 4820 N RD 68		M M / D D / Y Y Y Y 07 / 08 / 2014
City PASCO	State WA	Zip Code 99301
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 28.79
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
Mailing Address 4820 N RD 68		M M / D D / Y Y Y Y 07 / 15 / 2014
City PASCO	State WA	Zip Code 99301
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 233.78
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. DERRAL WHITE</b>		Date of Disbursement
Mailing Address 2146 HERITAGE WAY		M M / D D / Y Y Y Y 07 / 15 / 2014
City ADDY	State WA	Zip Code 99101
Purpose of Disbursement SIGNAGE & FUEL	Candidate Name	Amount of Each Disbursement this Period 619.64
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).....	882.21
<b>TOTAL</b> This Period (last page this line number only).....	23679.51

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

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

<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
10000.00	0.00	10000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 02 / 25 / 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).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<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>		

# 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

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	30000.00

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