

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
WA 04

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
02 / 11 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CLINT DIDIER FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 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 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 192565.54 | 318905.66 |
| (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))..... | 192565.54 | 318905.66 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 104178.98 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 30000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CLINT DIDIER FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 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..... | 192565.54 | 318905.66 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 192565.54 | 318905.66 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 121739.08 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 175005.44 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 296744.52 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 192565.54 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 104178.98 |

**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

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

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period
1000.00

DONATION

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

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

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

Transaction ID : SA11AI.8062

Amount of Each Receipt this Period
500.00

DONATION

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

Mailing Address 712 N LANCASHIRE

City LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11AI.6770

Amount of Each Receipt this Period
1000.00

DONATION

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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 LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
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 ELLENSBURG State WA Zip Code 98926

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

Name of Employer ANDERSON HAY & GRAIN CO, INC Occupation 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 PHOENIX State MD Zip Code 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 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 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 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

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

Mailing Address **25843 33RD AVE S**

City **KENT** State **WA** Zip Code **98032**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period
100.00

DONATION

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

Mailing Address **2417 HARRIS AVE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.7943

Amount of Each Receipt this Period
150.00

DONATION

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

Mailing Address **1006 PENNSYLVANIA AVE SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00295527**

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 / 16 / 2014

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
1000.00

DONATION

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

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

1250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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) Mr. ERIC COUGHANOUR | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 1294 COUNTRY RIDGE DR | | Transaction ID : SA11AI.7150 | |
| 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 | | |
| | | DONATION | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) Mr. CLIFF COURTNEY | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 101 N MAIN ST | | Transaction ID : SA11AI.7172 | |
| 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 | | |
| | | DONATION | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) Mr. JAMES CURRY | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 12408 127TH AVE NE | | Transaction ID : SA11AI.7175 | |
| 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 | | |
| | | DONATION | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

A. Full Name (Last, First, Middle Initial)
Mr. MICHAEL 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 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.6973

Amount of Each Receipt this Period
500.00

DONATION

B. 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
1000.00

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

Transaction ID : SA11AI.6974

Amount of Each Receipt this Period
500.00

DONATION

C. Full Name (Last, First, Middle Initial)
Ms MARGARET DAVIS

Mailing Address 1423 MARSHALL AVE

City State Zip Code
RICHLAND WA 99354

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
 08 / 28 / 2014

Transaction ID : SA11AI.7475

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 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 | |

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) Mr. MICHAEL DEAN | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2014 | |
| Mailing Address 1719 S PERRY CT | | Transaction ID : SA11AI.6880 | |
| City KENNEWICK | State WA | Zip Code 99338 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer SELF-EMPLOYED | Occupation DENTIST | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 750.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) Mr. MICHAEL DEAN | | Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014 | |
| Mailing Address 1719 S PERRY CT | | Transaction ID : SA11AI.7720 | |
| City KENNEWICK | State WA | Zip Code 99338 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer SELF-EMPLOYED | Occupation DENTIST | | |
| 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) Ms ALICE DIDIER | | Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014 | |
| Mailing Address 444 HOLLY DR | | Transaction ID : SA11AI.7694 | |
| City ELTOPIA | State WA | Zip Code 99330 | Amount of Each Receipt this Period _____ 2600.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer DIDIER FARMS, LLC | Occupation OWNER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 5200.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 3100.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 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) A. Mr. CHRIS DIDIER | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014 | |
| Mailing Address 1775 FIR RD | | Transaction ID : SA11AI.7983 | |
| City ELTOPIA | State WA | Zip Code 99330 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer DIDIER FARMS LLC | Occupation SUPERVISOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 300.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. CURT DIDIER | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2014 | |
| Mailing Address 1880 HOLLY DR | | Transaction ID : SA11AI.6704 | |
| City ELTOPIA | State WA | Zip Code 99330 | Amount of Each Receipt this Period _____ 1300.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer DIDIER FARMS LLC | Occupation GENERAL MGR | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1300.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms MELINDA DIDIER | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2014 | |
| Mailing Address 1880 HOLLY DR | | Transaction ID : SA11AI.6705 | |
| City ELTOPIA | State WA | Zip Code 99330 | 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 _____ 1300.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 2850.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Ms ELAINE DIETRICH | | Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014 | |
| Mailing Address 439 W SUNSET DR | | Transaction ID : SA11AI.7816 | |
| City BURBANK | State WA | Zip Code 99323 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer NONE | Occupation HOMEMAKER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 225.00 | | |
| DONATION | | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. GLENN M DOBBS | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014 | |
| Mailing Address 905 W RIVERSIDE, STE 311 | | Transaction ID : SA11AI.8207 | |
| City SPOKANE | State WA | Zip Code 99201 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer MINES MGMT INC | Occupation CHAIRMAN & CEO | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | | |
| DONATION | | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. DANIEL DUFAULT | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address PO BOX 5, 34610 E CHRISTY RD | | Transaction ID : SA11AI.7166 | |
| City PLYMOUTH | State WA | Zip Code 99346 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer EMMANUEL ENTERPRISES, INC | Occupation FARMER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 600.00 | | |
| DONATION | | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 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 State Zip Code
SEATTLE WA 98105

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 / 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 State Zip Code
LACONNER WA 98257

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

Name of Employer Occupation
EBERLE COMM. GROUP 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 State Zip Code
LACONNER WA 98257

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

Name of Employer Occupation
EBERLE COMM. GROUP 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 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 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 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) A. Mr. GREG FISCHER | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014 | |
| Mailing Address PO BOX 17180 | | Transaction ID : SA11AI.7483 | |
| City COVINGTON | State KY | Zip Code 41017 | Amount of Each Receipt this Period _____ 2600.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ 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. Mr. HENRY FISCHER | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014 | |
| Mailing Address PO BOX 17160 | | Transaction ID : SA11AI.7485 | |
| City COVINGTON | State KY | Zip Code 41017 | Amount of Each Receipt this Period _____ 1300.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ 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) C. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address PO BOX 4390 | | Transaction ID : SA11AI.7660 | |
| City PASCO | State WA | Zip Code 99302 | Amount of Each Receipt this Period _____ 500.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer | Occupation | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 3500.00 _____ | | |

| | |
|---|---------------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 4400.00 _____ |
| TOTAL This Period (last page this line number only)..... | _____ _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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 | |

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) Mr. DENIS FREDERICKSON | | Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014 | |
| Mailing Address 1908 156TH ST NE | | Transaction ID : SA11AI.6941 | |
| City ARLINGTON | State WA | Zip Code 98223 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. DENIS FREDERICKSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014 | |
| Mailing Address 1908 156TH ST NE | | Transaction ID : SA11AI.8051 | |
| City ARLINGTON | State WA | Zip Code 98223 | 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 _____ 300.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) FREEDOM'S DEFENSE FUND | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2014 | |
| Mailing Address 1155 15TH ST, NW STE 410 | | Transaction ID : SA11AI.6708 | |
| City WASHINGTON | State DC | Zip Code 20005 | Amount of Each Receipt this Period _____ 2500.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C C00401786 _____ | |
| 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 _____ 2500.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 2600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. GREGORY GERSON | | Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014 | |
| Mailing Address 5015 ROBERT WAY DR | | Transaction ID : SA11AI.6471 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period 100.00 DONATION |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NORTH FRANKLIN SCHOOL DISTRICT | Occupation EDUCATOR | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. GREGORY GERSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 5015 ROBERT WAY DR | | Transaction ID : SA11AI.7084 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period 100.00 DONATION |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NORTH FRANKLIN SCHOOL DISTRICT | Occupation EDUCATOR | | |
| 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) C. Mr. GREGORY GERSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014 | |
| Mailing Address 5015 ROBERT WAY DR | | Transaction ID : SA11AI.7137 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period 100.00 DONATION |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NORTH FRANKLIN SCHOOL DISTRICT | Occupation EDUCATOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 600.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 25 OF 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Mr. JOHN GOULET | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014 | |
| Mailing Address 5511 WRIGLEY DR | | Transaction ID : SA11AI.8042 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period _____ 100.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer URS CORP | Occupation ENGINEER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 325.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Mr. BOYD GRANT | | Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014 | |
| Mailing Address 1516 W MARINA DR | | Transaction ID : SA11AI.7276 | |
| City MOSES LAKE | State WA | Zip Code 98837 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Ms FRANCIS GRANT | | Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014 | |
| Mailing Address 1516 W MARINA DR | | Transaction ID : SA11AI.7278 | |
| City MOSES LAKE | State WA | Zip Code 98837 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ms MARIAN GRAVENSLUND | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014 | |
| Mailing Address 3500 S IRBY ST | | Transaction ID : SA11AI.8222 | |
| City KENNEWICK | State WA | Zip Code 99337 | Amount of Each Receipt this Period _____ 400.00 DONATION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | |
| Name of Employer GRAVENSLUND OPERATING CO | Occupation PRESIDENT | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 650.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ms SHARON HACKNEY | | Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014 | |
| Mailing Address 1350 GAGE BLVD | | Transaction ID : SA11AI.7088 | |
| City RICHLAND | State WA | Zip Code 99352 | Amount of Each Receipt this Period _____ 100.00 DONATION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ms SHARON HACKNEY | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address 1350 GAGE BLVD | | Transaction ID : SA11AI.7727 | |
| City RICHLAND | State WA | Zip Code 99352 | Amount of Each Receipt this Period _____ 100.00 DONATION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 350.00 | | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

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

FOR LINE NUMBER: PAGE 28 OF 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. BRENT HEINEN

Mailing Address 3590 LANGFORD RD

City State Zip Code
ELTOPIA WA 99330

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

Name of Employer Occupation
BRENT & SHERYL, LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6573

Amount of Each Receipt this Period
 3000.00

DONATION

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

Mailing Address 3590 LANGFORD RD

City State Zip Code
ELTOPIA WA 99330

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

Name of Employer Occupation
BRENT & SHERYL, LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period
 -400.00

Redesignate: DONATION

[MEMO ITEM]

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

Mailing Address 3590 LANGFORD RD

City State Zip Code
ELTOPIA WA 99330

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

Name of Employer Occupation
BRENT & SHERYL, LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period
 400.00

Redesignate:

[MEMO ITEM]

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

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

3000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

A. Full Name (Last, First, Middle Initial)
Mr. BRENT HEINEN

Mailing Address 3590 LANGFORD RD

City State Zip Code
ELTOPIA WA 99330

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

Name of Employer Occupation
BRENT & SHERYL, LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11AI.7961

Amount of Each Receipt this Period
1000.00

DONATION

B. Full Name (Last, First, Middle Initial)
Mr. DONALD 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.7616

Amount of Each Receipt this Period
500.00

DONATION

C. 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
750.00

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

Transaction ID : SA11AI.6548

Amount of Each Receipt this Period
750.00

DONATION

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

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

2250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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 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 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 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 | |

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

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

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

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / 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
08 / 20 / 2014

Transaction ID : SA11AI.6958

Amount of Each Receipt this Period
500.00

DONATION - REIMB IN 4TH QTR

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
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 : SA11A1.7810

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 : SA11A1.7812

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 : SA11A1.7851

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 | |

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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
5810.00

Date of Receipt
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
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
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 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 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 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
 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
 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
 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

A. Full Name (Last, First, Middle Initial)
Mr. DAVID MACHUGH

Mailing Address 660 DOGWOOD

City PASCO State WA Zip Code 99301

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

Name of Employer JACKASS MTN RANCH Occupation CO-OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6606

Amount of Each Receipt this Period
1000.00

DONATION

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

Mailing Address 267 VINCENT CT

City CENTRAL POINT State OR Zip Code 97502

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

Name of Employer SPORTS THERAPY ASSOCIATES INC Occupation SAFETY CONSULTANT

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 / 11 / 2014

Transaction ID : SA11AI.7529

Amount of Each Receipt this Period
150.00

DONATION

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

Mailing Address 267 VINCENT CT

City CENTRAL POINT State OR Zip Code 97502

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

Name of Employer SPORTS THERAPY ASSOCIATES INC Occupation SAFETY CONSULTANT

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 / 25 / 2014

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period
100.00

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 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

A. Full Name (Last, First, Middle Initial)
MAKING A SENSIBLE SHIFT IN ELECTIONS PAC

Mailing Address PO BOX 821

City NEWPORT State KY Zip Code 41072

FEC ID number of contributing federal political committee. **C** C00563429

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 / 23 / 2014

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period
 2600.00

DONATION

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

Mailing Address 1858 OLD RESTON AVE, STE 206

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00233247

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.6602

Amount of Each Receipt this Period
 1000.00

DONATION

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

Mailing Address 2234 E CROSBY RD

City CARROLLTON State TX Zip Code 75006

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

Name of Employer Occupation
 VERIZON WIRELESS ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7858

Amount of Each Receipt this Period
 250.00

DONATION EARMARKED THRU YAL PAC

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

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

3850.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 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: PAGE 41 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. 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 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 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 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

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

Mailing Address 6119 SUMMITVIEW AVE
HOUSE #14

City YAKIMA State WA Zip Code 98908

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11AI.7109

Amount of Each Receipt this Period
50.00

DONATION

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

Mailing Address 6119 SUMMITVIEW AVE
HOUSE #14

City YAKIMA State WA Zip Code 98908

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

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

Transaction ID : SA11AI.7505

Amount of Each Receipt this Period
50.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. GARY MIDDLETON

Mailing Address PO BOX 159

City ELTOPIA State WA Zip Code 99330

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

Name of Employer GARY MIDDLETON FARMS INC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7347

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 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

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Ms LOIS NELSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014 | |
| Mailing Address 6808 W 15TH | | Transaction ID : SA11AI.7543 | |
| City KENNEWICK | State WA | Zip Code 99338 | |
| 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 500.00 | | |
| | | DONATION | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. ROBERT NELSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014 | |
| Mailing Address 6808 W 15TH | | Transaction ID : SA11AI.7542 | |
| City KENNEWICK | State WA | Zip Code 99338 | |
| 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 500.00 | | |
| | | DONATION | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. STANLEY NELSON III | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014 | |
| Mailing Address 651 NW 163RD | | Transaction ID : SA11AI.7010 | |
| City SHORELINE | State WA | Zip Code 98177 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer NELSON CHEVROLET CO | Occupation PRESIDENT | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | | |
| | | DONATION | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| TOTAL This Period (last page this line number only)..... | [] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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
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
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
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

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) A. PAUL A BOUCHEY RANCH, INC | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014 | |
| Mailing Address 2310 EVANS RD | | Transaction ID : SA11AI.7993 | |
| City WAPATO | State WA | Zip Code 98951 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 | |
| Name of Employer Occupation | | DONATION - REIMB 4TH QTR | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 750.00 | |

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) B. Ms RICHELLE PAULBITSKI | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014 | |
| Mailing Address 171 STARES LN | | Transaction ID : SA11AI.8078 | |
| City SEQUIM | State WA | Zip Code 98382 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer NONE Occupation RETIRED | | DONATION | |
| 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) C. Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.6528 | |
| City MESA | State WA | Zip Code 99343 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 | |
| Name of Employer SELF EMPLOYED Occupation CONTRACTOR | | DONATION | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 750.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.6639 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 800.00 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.6919 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 850.00 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.7092 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 900.00 | | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 150.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.7785 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 950.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) Mr. JOSEPH PAULY | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014 | |
| Mailing Address 311 MILLWOOD LN | | Transaction ID : SA11AI.7946 | |
| City MESA | State WA | Zip Code 99343 | Amount of Each Receipt this Period _____ 50.00 DONATION |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer SELF EMPLOYED | Occupation CONTRACTOR | | |
| Receipt For: 2014 <input 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) Ms CAMILLE PETERSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014 | |
| Mailing Address 1208 SUMMERHILL PL | | Transaction ID : SA11AI.7682 | |
| City WENATCHEE | State WA | Zip Code 98801 | Amount of Each Receipt this Period _____ 500.00 DONATION |
| FEC ID number of contributing federal political committee. | | C _____ | |
| Name of Employer CAMILLE H PETERSON | 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 | | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 600.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ms RELLA REIMANN | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014 | |
| Mailing Address 111 MCCLENNY RD | | Transaction ID : SA11AI.6836 | |
| 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 T & R FARMS, INC Occupation CO-OWNER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 750.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. RONALD REIMANN | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014 | |
| Mailing Address 111 MCCLENNY RD | | Transaction ID : SA11AI.6835 | |
| 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 T & R FARMS, INC Occupation CO-OWNER | | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 750.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms DONNA REISNER | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014 | |
| Mailing Address 303 7TH ST | | Transaction ID : SA11AI.7438 | |
| City ANACORTES State WA Zip Code 98221 | Amount of Each Receipt this Period _____ 1000.00 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 _____ 1000.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 2000.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8185

Amount of Each Receipt this Period

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.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7192

Amount of Each Receipt this Period

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.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6881

Amount of Each Receipt this Period

DONATION - REIMB 4TH QTR

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

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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
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
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
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
 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
 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
 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 / 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 / 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 / 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
 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
 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
 08 / 28 / 2014

Transaction ID : SA11AI.7481

Amount of Each Receipt this Period
2000.00

DONATION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Mr. BILL THOMPSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014 | |
| Mailing Address 8213 OLYMPIC VIEW LN | | Transaction ID : SA11AI.7499 | |
| City CLINTON | State WA | Zip Code 98236 | Amount of Each Receipt this Period _____ 300.00 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 _____ 300.00 _____ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) Mr. BOB TIPPETT | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014 | |
| Mailing Address 2716 RD 64 | | Transaction ID : SA11AI.6934 | |
| City PASCO | State WA | Zip Code 99301 | Amount of Each Receipt this Period _____ 250.00 DONATION |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer TIPPETT COMPANY | Occupation OWNEER | | |
| 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) Mr. EUGENE TOMICH | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014 | |
| Mailing Address 6001 S THORP HWY | | Transaction ID : SA11AI.7436 | |
| City ELLENSBURG | State WA | Zip Code 98926 | Amount of Each Receipt this Period _____ 375.00 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 _____ 2050.00 _____ | | |

| | |
|---|--------------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 925.00 _____ |
| TOTAL This Period (last page this line number only)..... | _____ _____ |

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

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

FOR LINE NUMBER: PAGE 63 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)
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
 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
 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
 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 | |

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. 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 | State | Zip Code |
| ARLINGTON | VA | 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 | State | Zip Code |
| ARLINGTON | VA | 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 | State | Zip Code |
| ARLINGTON | VA | 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

A. Full Name (Last, First, Middle Initial)
Ms CYNTHIA ZAPOTOCKY

Mailing Address **PO BOX 8672**

City **SPOKANE** State **WA** Zip Code **99203**

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 **2600.00**

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

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period
1300.00

DONATION

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

Mailing Address **PO BOX 8672**

City **SPOKANE** State **WA** Zip Code **99203**

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

Name of Employer **PACIFIC RIM LAND INC** Occupation **MANAGER**

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
07 / 28 / 2014

Transaction ID : SA11AI.6605

Amount of Each Receipt this Period
1300.00

DONATION

C. Full Name (Last, First, Middle Initial)
Mr. ARTHUR ZELLMER

Mailing Address **BOX 325**

City **DAVENPORT** State **WA** Zip Code **99122**

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 **305.00**

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

Transaction ID : SA11AI.7256

Amount of Each Receipt this Period
125.00

DONATION

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

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

2725.00

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) A. ACN RADIO NETWORK | | 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 |
| City SPOKANE | State WA | |
| Zip Code 99223 | Purpose of Disbursement JULY RADIO ADS | Transaction ID : SB17.6849 |
| 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. ACTION SOLUTIONS | | 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 |
| City ADAIR VILLAGE | State OR | |
| Zip Code 97330 | Purpose of Disbursement ROBO CALLS | Transaction ID : SB17.6626 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ACTION SOLUTIONS | | 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 |
| City ADAIR VILLAGE | State OR | |
| Zip Code 97330 | Purpose of Disbursement ROBO CALLS | Transaction ID : SB17.6789 |
| 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: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4300.54 |
| 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 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) A. ALASKA AIRLINES | | 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 Transaction ID : SB17.7380 |
| City SEATTLE | State WA | |
| Zip Code 98168 | Purpose of Disbursement AIRLINE TICKET | 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. ALLIED LAW FIRM PLLC | | 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 Transaction ID : SB17.6786 |
| City SEATTLE | State WA | |
| Zip Code 98118 | Purpose of Disbursement PUBLIC DISCLOSURE REQ | 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) C. AMERICAN EXPRESS | | 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 Transaction ID : SB17.7094 |
| City NEW YORK | State NY | |
| Zip Code 10285 | Purpose of Disbursement ONLINE FEES | 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: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1570.61 |
| 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 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) A. ARS FRESNO TESORO | | 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 Transaction ID : SB17.7958 |
| 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. Ms CHARLOTTE BENJAMIN | | 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 Transaction ID : SB17.6746 |
| 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) C. Ms CHARLOTTE BENJAMIN | | 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 Transaction ID : SB17.7371 |
| 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: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3090.82 |
| 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 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) A. CHEVRON RITZVILLE | | | 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 | |
| Purpose of Disbursement FUEL | | Candidate Name | Transaction ID : SB17.6916 |
| 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) | | Category/ Type | |
| State: | District: | | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. CHEVRON RITZVILLE | | | 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 | |
| Purpose of Disbursement FUEL | | Candidate Name | Transaction ID : SB17.6948 |
| 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) | | Category/ Type | |
| State: | District: | | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | | 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 | |
| Purpose of Disbursement MAIL & INVOICES | | Candidate Name | Transaction ID : SB17.6622 |
| 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) | | Category/ Type | |
| State: | District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 466.78 |
| 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 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) A. CMDI | | 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 Transaction ID : SB17.6918 |
| 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. CMDI | | 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 Transaction ID : SB17.7383 |
| 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) C. CMDI | | 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 Transaction ID : SB17.7507 |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 823.94 |
| 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 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) A. CMDI | | 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 Transaction ID : SB17.7730 |
| 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. CMDI | | 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 Transaction ID : SB17.7957 |
| 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) C. CONSTANT CONTACT | | 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 Transaction ID : SB17.6805 |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 333.62 |
| 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 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 | | | |

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

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. DIDIER FARMS, LLC | | 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 Transaction ID : SB17.6510 |
| 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. DIRECT MAIL ENTERPRISES INC | | 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 32509.96 Transaction ID : SB17.6625 |
| 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) C. DIRECT MAIL ENTERPRISES INC | | 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 Transaction ID : SB17.6785 |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 33094.95 |
| 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 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 | | 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 25236.06 Transaction ID : SB17.6852 |
| City SPOKANE State WA Zip Code 99202 | Purpose of Disbursement MAILERS | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. DIRECT MAIL ENTERPRISES INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014 |
| Mailing Address 812 N NAPA | | Amount of Each Disbursement this Period 4872.92 Transaction ID : SB17.7360 |
| City SPOKANE State WA Zip Code 99202 | Purpose of Disbursement MAILERS | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. DIRECT MAIL ENTERPRISES INC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014 |
| Mailing Address 812 N NAPA | | Amount of Each Disbursement this Period 798.25 Transaction ID : SB17.7361 |
| City SPOKANE State WA Zip Code 99202 | Purpose of Disbursement MAILERS | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 30907.23 |
| 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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. DIRECT MAIL ENTERPRISES INC | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014 |
| Mailing Address 812 N NAPA | | Amount of Each Disbursement this Period 536.82 Transaction ID : SB17.8085 |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. DAVID FERMAN | | Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014 |
| Mailing Address 2104 E PHINNEY BAY DR | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7073 |
| City BREMERTON | State WA Zip Code 98312 | |
| Purpose of Disbursement AUG & SEP SIGN PLACEMENT | 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) C. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address PO BOX 4390 | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.6535 |
| City PASCO | State WA Zip Code 99302 | |
| Purpose of Disbursement REIMB - OVER LIMIT DONATION | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 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) A. FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE | | | 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 Transaction ID : SB17.7364 |
| City PASCO | State WA | Zip Code 99302 | |
| Purpose of Disbursement REIMB TO NON-REG'ED COMMITTEE DONATION | | 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. HEINEN BROTHERS, INC | | | 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 Transaction ID : SB17.6588 |
| 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) C. IRONWOOD ACRES | | | 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 Transaction ID : SB17.6895 |
| City ELTOPIA | State WA | Zip Code 99330 | |
| Purpose of Disbursement REIMB FM 2ND QTR | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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) A. L2, INC | | 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 Transaction ID : SB17.8116 |
| 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. LITTLE BONANZA PRODUCTIONS, LLC | | 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 Transaction ID : SB17.7512 |
| 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. LITTLE BONANZA PRODUCTIONS, LLC | | 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 Transaction ID : SB17.7899 |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10778.55 |
| 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 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) A. LOWE'S HOME IMPROVEMENT | | Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014 |
| Mailing Address 4520 ROAD 68 | | Amount of Each Disbursement this Period 50.78 |
| City PASCO State WA Zip Code 99301 | Purpose of Disbursement SIGN MATERIALS | |
| 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. LOWE'S HOME IMPROVEMENT | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014 |
| Mailing Address 4520 ROAD 68 | | Amount of Each Disbursement this Period 137.09 |
| City PASCO State WA Zip Code 99301 | Purpose of Disbursement SIGNAGE | |
| 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) C. LOWE'S HOME IMPROVEMENT | | Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014 |
| Mailing Address 4520 ROAD 68 | | Amount of Each Disbursement this Period 366.73 |
| City PASCO State WA Zip Code 99301 | Purpose of Disbursement SIGN MATERIALS | |
| 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 554.60 |
| 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 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) A. MERCHANT E-SOLUTIONS | | 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 |
| City REDWOOD CITY State CA Zip Code 94065 | Purpose of Disbursement ONLINE FEES | |
| Candidate Name | Category/Type | Transaction ID : SB17.6771 |
| 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. MERCHANT E-SOLUTIONS | | 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 |
| City REDWOOD CITY State CA Zip Code 94065 | Purpose of Disbursement ONLINE FEES | |
| Candidate Name | Category/Type | Transaction ID : SB17.6772 |
| 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) C. MERCHANT E-SOLUTIONS | | 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 |
| City REDWOOD CITY State CA Zip Code 94065 | Purpose of Disbursement ONLINE FEES | |
| Candidate Name | Category/Type | Transaction ID : SB17.7077 |
| 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1067.02 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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) A. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6456 |
| 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. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6581 |
| 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) C. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6582 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 216.62 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 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) A. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6725 |
| City ELTOPIA | State WA | |
| Zip Code 99330 | Purpose of Disbursement FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6743 |
| City ELTOPIA | State WA | |
| Zip Code 99330 | Purpose of Disbursement FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MR QWIK'S COUNTRY, INC | | 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 Transaction ID : SB17.6855 |
| City ELTOPIA | State WA | |
| Zip Code 99330 | Purpose of Disbursement FUEL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 208.09 |
| 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 85 OF 103 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MR QWIK'S COUNTRY, INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014 |
| Mailing Address PO BOX 8 | | Amount of Each Disbursement this Period 96.34 Transaction ID : SB17.6900 |
| 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: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MR QWIK'S COUNTRY, INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014 |
| Mailing Address PO BOX 8 | | Amount of Each Disbursement this Period 55.29 Transaction ID : SB17.6901 |
| 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: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MR QWIK'S COUNTRY, INC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014 |
| Mailing Address PO BOX 8 | | Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.6908 |
| 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: | | |

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| 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) A. MR QWIK'S COUNTRY, INC | | 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 | Purpose of Disbursement FUEL | Transaction ID : SB17.7376 |
| 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. MR QWIK'S COUNTRY, INC | | 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 | Purpose of Disbursement FUEL | Transaction ID : SB17.7640 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL COLOR GRAPHICS INC | | 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 | Purpose of Disbursement FUNDRAISING MATERIALS | Transaction ID : SB17.6580 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 18344.88 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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) A. NATIONAL COLOR GRAPHICS INC | | | 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 Transaction ID : SB17.6721 |
| City SPOKANE | State WA | Zip Code 99201 | |
| 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: | |

| | | | |
|--|-------------|-------------------|--|
| Full Name (Last, First, Middle Initial) B. NATIONAL COLOR GRAPHICS INC | | | 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 Transaction ID : SB17.6779 |
| City SPOKANE | State WA | Zip Code 99201 | |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL COLOR GRAPHICS INC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 25 W BOONE | | | Amount of Each Disbursement this Period 9709.08 Transaction ID : SB17.6813 |
| City SPOKANE | State WA | Zip Code 99201 | |
| Purpose of Disbursement FUNDRAISING MATERIAL & PRINTING | | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 10397.71 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 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) A. NATIONAL COLOR GRAPHICS INC | | 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 Transaction ID : SB17.7368 |
| City SPOKANE State WA Zip Code 99201 | Purpose of Disbursement FUNDRAISING MATERIALS & PRINTING | |
| 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. NATIONAL COLOR GRAPHICS INC | | 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 Transaction ID : SB17.7373 |
| City SPOKANE State WA Zip Code 99201 | Purpose of Disbursement PRINTING | |
| 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) C. NOW AMFOUND GEOGRAPHICS LLC | | 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 Transaction ID : SB17.6740 |
| City KIRKLAND State WA Zip Code 98083 | Purpose of Disbursement PRECINCT ANALYSIS & DOORBELLING MAPS | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5973.08 |
| 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 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) A. NOW AMFOUND GEOGRAPHICS LLC | | 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 Transaction ID : SB17.6810 |
| 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 | |
| State: District: | Other (specify) | |

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|---|---|---|
| Full Name (Last, First, Middle Initial) B. OFFICE DEPOT | | 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 Transaction ID : SB17.6476 |
| 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 | |
| State: District: | Other (specify) | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) C. OFFICE DEPOT | | 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 Transaction ID : SB17.7514 |
| 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 | |
| State: District: | Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 699.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 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) A. OMNI SHOREHAM HOTEL | | | 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 Transaction ID : SB17.8064 |
| City WASHINGTON | State DC | Zip Code 20008 | |
| 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: | | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. PARR LUMBER CO | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014 |
| Mailing Address 2105 N COMMERCIAL AVE | | | Amount of Each Disbursement this Period 236.75 Transaction ID : SB17.6536 |
| City PASCO | State WA | Zip Code 99301 | |
| 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: | | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. PARR LUMBER CO | | | 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 Transaction ID : SB17.6874 |
| City PASCO | State WA | Zip Code 99301 | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1592.76 |
| 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 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) A. Mr. STEPHEN PIDGEON | | | 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 | |
| City EVERETT | State WA | Zip Code 98201 | Transaction ID : SB17.6781 | |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. STEPHEN PIDGEON | | | 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 | |
| City EVERETT | State WA | Zip Code 98201 | Transaction ID : SB17.7734 | |
| Purpose of Disbursement LEGAL CONSULTING | | 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) C. Mr. SAM PIMM | | | 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 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SB17.7731 | |
| Purpose of Disbursement CAMPAIGN FUNDRAISING OUT OF STATE | | 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 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) A. PRESSCATS.COM | | 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 Transaction ID : SB17.6894 |
| 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. PRESSCATS.COM | | 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 Transaction ID : SB17.7075 |
| 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) C. Mr. DOUGLAS SIMPSON | | 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 Transaction ID : SB17.6733 |
| City PORT ORCHARD State WA Zip Code 98366 | Purpose of Disbursement GENERAL CAMPAIGN CONSULTING | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 21241.46 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 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) A. Mr. DOUGLAS SIMPSON | | 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 Transaction ID : SB17.7370 |
| City PORT ORCHARD | State WA | |
| Zip Code 98366 | Purpose of Disbursement GENERAL CAMPAIGN CONSULTING | 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. Mr. DOUGLAS SIMPSON | | 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 Transaction ID : SB17.8046 |
| 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) C. Mr. LARRY STICKNEY | | 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 Transaction ID : SB17.6722 |
| 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: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 17435.32 |
| 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 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) A. Mr. LARRY STICKNEY | | 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 Transaction ID : SB17.7069 |
| City COLVILLE | State WA Zip Code 99114 | |
| Purpose of Disbursement CAMPAIGN MANAGERIAL FEE | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. T-SHIRT FACTORY | | 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 Transaction ID : SB17.7638 |
| City PASCO | State WA Zip Code 99301 | |
| Purpose of Disbursement TEES FOR ADVERTISING | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. THE SOURCE | | 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 Transaction ID : SB17.8070 |
| City WASHINGTON | State DC Zip Code 20565 | |
| Purpose of Disbursement CONSUMABLES | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6548.56 |
| 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 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) A. US POST OFFICE | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 13101 GLADE N RD | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>22</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 07 | | 22 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 07 | | 22 | | 2014 | | | | | | | | |
| City ELTOPIA | State WA | Zip Code 99330 | | | | | | | | | | |
| Purpose of Disbursement MAILINGS | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>5.75</td> </tr> </table> | | Amount of Each Disbursement this Period | 5.75 | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | |
| 5.75 | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>Transaction ID : SB17.6507</td> </tr> </table> | | Transaction ID : SB17.6507 | | | | | | | | | |
| Transaction ID : SB17.6507 | | | | | | | | | | | | |
| 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: | Category/ Type | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|--|--|---|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) B. US POST OFFICE | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 13101 GLADE N RD | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 07 | | 24 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 07 | | 24 | | 2014 | | | | | | | | |
| City ELTOPIA | State WA | Zip Code 99330 | | | | | | | | | | |
| Purpose of Disbursement MAILINGS | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>152.75</td> </tr> </table> | | Amount of Each Disbursement this Period | 152.75 | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | |
| 152.75 | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>Transaction ID : SB17.6534</td> </tr> </table> | | Transaction ID : SB17.6534 | | | | | | | | | |
| Transaction ID : SB17.6534 | | | | | | | | | | | | |
| 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: | Category/ Type | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|--|---|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) C. US POST OFFICE | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 13101 GLADE N RD | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 08 | | 25 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 08 | | 25 | | 2014 | | | | | | | | |
| City ELTOPIA | State WA | Zip Code 99330 | | | | | | | | | | |
| Purpose of Disbursement MAILINGS | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>23.55</td> </tr> </table> | | Amount of Each Disbursement this Period | 23.55 | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | |
| 23.55 | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>Transaction ID : SB17.6913</td> </tr> </table> | | Transaction ID : SB17.6913 | | | | | | | | | |
| Transaction ID : SB17.6913 | | | | | | | | | | | | |
| 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: | Category/ Type | | | | | | | | | | |

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|---|--|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | <table border="1"> <tr> <td>182.05</td> </tr> </table> | 182.05 |
| 182.05 | | |
| TOTAL This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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) A. US POST OFFICE | | 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 Transaction ID : SB17.6945 |
| City ELTOPIA | State WA | |
| Zip Code 99330 | 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. US POST OFFICE | | 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 Transaction ID : SB17.7901 |
| City ELTOPIA | State WA | |
| Zip Code 99330 | 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) C. VERIZON WIRELESS | | 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 Transaction ID : SB17.6875 |
| City ACTON | State GA | |
| Zip Code 30101 | 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: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 528.83 |
| 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 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) A. VERIZON WIRELESS | | 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 |
| City ACTON | State GA | |
| Zip Code 30101 | Purpose of Disbursement WIRELESS SVCE | Transaction ID : SB17.8048 |
| 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. VOSSLER MEDIA GROUP | | 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 |
| City KIRKLAND | State WA | |
| Zip Code 98034 | Purpose of Disbursement WEBSITE | Transaction ID : SB17.8087 |
| 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) C. WALMART SUPERCENTER | | 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 |
| City PASCO | State WA | |
| Zip Code 99301 | Purpose of Disbursement OFFICE SUPPLIES | Transaction ID : SB17.6517 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2615.64 |
| 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 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) A. WALMART SUPERCENTER | | Date of Disbursement |
| Mailing Address 4820 N RD 68 | | M M / D D / Y Y Y Y 07 / 30 / 2014 |
| City PASCO | State WA | Zip Code 99301 |
| Purpose of Disbursement OFFICE SUPPLIES | Candidate Name | Amount of Each Disbursement this Period 183.90 |
| 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: | Transaction ID : SB17.6661 |

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

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

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 338.28 |
| 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 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) A. WALMART SUPERCENTER | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 4820 N RD 68 | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 08 | | 16 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 08 | | 16 | | 2014 | | | | | | | | |
| City PASCO | State WA | Zip Code 99301 | | | | | | | | | | |
| Purpose of Disbursement OFFICE SUPPLIES | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table> | | Category/Type | | | | | | | | | |
| Category/Type | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Candidate Name | Amount of Each Disbursement this Period | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <table border="1"> <tr> <td>147.00</td> </tr> </table> | | 147.00 | | | | | | | | | |
| 147.00 | | | | | | | | | | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.6876 | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

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|--|--|--|---------------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) B. WALMART SUPERCENTER | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 4820 N RD 68 | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 08 | | 16 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 08 | | 16 | | 2014 | | | | | | | | |
| City PASCO | State WA | Zip Code 99301 | | | | | | | | | | |
| Purpose of Disbursement OFFICE SUPPLIES | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table> | | Category/Type | | | | | | | | | |
| Category/Type | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Candidate Name | Amount of Each Disbursement this Period | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <table border="1"> <tr> <td>28.69</td> </tr> </table> | | 28.69 | | | | | | | | | |
| 28.69 | | | | | | | | | | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.6877 | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

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|--|--|--|---------------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) C. WALMART SUPERCENTER | | Date of Disbursement | | | | | | | | | | |
| Mailing Address 4820 N RD 68 | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 08 | | 20 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 08 | | 20 | | 2014 | | | | | | | | |
| City PASCO | State WA | Zip Code 99301 | | | | | | | | | | |
| Purpose of Disbursement OFFICE SUPPLIES | <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td></td> </tr> </table> | | Category/Type | | | | | | | | | |
| Category/Type | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Candidate Name | Amount of Each Disbursement this Period | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <table border="1"> <tr> <td>200.58</td> </tr> </table> | | 200.58 | | | | | | | | | |
| 200.58 | | | | | | | | | | | | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.6899 | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

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|---|--|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | <table border="1"> <tr> <td>376.27</td> </tr> </table> | 376.27 |
| 376.27 | | |
| TOTAL This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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) A. WALMART SUPERCENTER | | Date of Disbursement |
| Mailing Address 4820 N RD 68 | | M M / D D / Y Y Y Y 09 / 09 / 2014 |
| City PASCO | State WA | Zip Code 99301 |
| Purpose of Disbursement OFFICE SUPPLIES | Candidate Name | Amount of Each Disbursement this Period 131.51 |
| 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: | Transaction ID : SB17.7379 |

| | | |
|--|------------------|---|
| Full Name (Last, First, Middle Initial) B. WALMART SUPERCENTER | | Date of Disbursement |
| Mailing Address 4820 N RD 68 | | M M / D D / Y Y Y Y 09 / 24 / 2014 |
| City PASCO | State WA | Zip Code 99301 |
| Purpose of Disbursement OFFICE SUPPLIES | Candidate Name | Amount of Each Disbursement this Period 164.40 |
| 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: | Transaction ID : SB17.7955 |

| | | |
|--|------------------|---|
| Full Name (Last, First, Middle Initial) C. WALMART SUPERCENTER | | Date of Disbursement |
| Mailing Address 4820 N RD 68 | | M M / D D / Y Y Y Y 09 / 30 / 2014 |
| City PASCO | State WA | Zip Code 99301 |
| Purpose of Disbursement OFFICE SUPPLIES | Candidate Name | Amount of Each Disbursement this Period 291.05 |
| 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: | Transaction ID : SB17.8088 |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 586.96 |
| 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 101 OF 103 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. DERRAL WHITE | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014 |
| Mailing Address 2146 HERITAGE WAY | | Amount of Each Disbursement this Period 539.40 |
| City ADDY | State WA | |
| Zip Code 99101 | Purpose of Disbursement SIGNAGE & FUEL | Transaction ID : SB17.6812 |
| 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. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/Type |
| Candidate Name | Office Sought: <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) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/Type |
| Candidate Name | Office Sought: <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: | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 539.40 |
| TOTAL This Period (last page this line number only)..... | 189602.20 |

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

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/10.4245

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
20000.00 0.00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 31 / 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)..... ▶ 20000.00
TOTALS This Period (last page in this line only)..... ▶ 30000.00

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