

**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 **MM/DD/YYYY** in the State of **WA**  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on **MM/DD/YYYY** in the State of **WA**

5. Covering Period **MM/DD/YYYY** through **MM/DD/YYYY**  
**01 / 01 / 2014** through **03 / 31 / 2014**

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

Type or Print Name of Treasurer **Ms CHARLOTTE BENJAMIN**

Signature of Treasurer **Ms CHARLOTTE BENJAMIN** [Electronically Filed] Date **MM/DD/YYYY**  
**01 / 20 / 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.

Office Use Only										<b>FEC FORM 3</b> (Revised 02/2003)
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**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))....	104061.00	104061.00
(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)) .....	104061.00	104061.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	32774.82	32774.82
(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)).....	32774.82	32774.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101286.18	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	30000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	99225.00	99225.00
(ii) Unitemized.....	4836.00	4836.00
(iii) TOTAL of contributions from individuals ▶	104061.00	104061.00
(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))..	104061.00	104061.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	30000.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	30000.00	30000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	134061.00	134061.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32774.82	32774.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32774.82	32774.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	134061.00
25. SUBTOTAL (add Line 23 and Line 24).....	134061.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32774.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101286.18

**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 44
	<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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period  
 2600.00

DONATION

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11AI.4101**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 5861 GARFIELD RD

City MESA State WA Zip Code 99343

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

Name of Employer TERRY BAILIE FARMS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4217**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

6200.00

**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 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. BRADLEY BELL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address PO BOX 3998		<b>Transaction ID : SA11AI.4263</b>	
City PASCO	State WA	Zip Code 99302	Amount of Each Receipt this Period 2600.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer CONNELL OIL, INC	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Ms LORENE BOWMAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 167 ADAMS RD N		<b>Transaction ID : SA11AI.4406</b>	
City QUINCY	State WA	Zip Code 98848	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. MONTE BUTTARS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 3300 S CONWAY DR		<b>Transaction ID : SA11AI.4122</b>	
City KENNEWICK	State WA	Zip Code 99337	Amount of Each Receipt this Period 500.00 DONATION
FEC ID number of contributing federal political committee. C			
Name of Employer AGRI-SERVICE NORTHWEST INC.	Occupation VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<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 SUZANNE BUTTARS**

Mailing Address 3300 S CONWAY DR

City: KENNEWICK State: WA Zip Code: 99337

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 03 / 2014

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period: 500.00

DONATION

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

Mailing Address 570 GLENWOOD RD

City: PASCO State: WA Zip Code: 99301

FEC ID number of contributing federal political committee: C

Name of Employer: WA State Dept of Healt Occupation: ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 03 / 2014

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period: 500.00

DONATION

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

Mailing Address 570 GLENWOOD RD

City: PASCO State: WA Zip Code: 99301

FEC ID number of contributing federal political committee: C

Name of Employer: WA State Dept of Healt Occupation: ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 725.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.4512**

Amount of Each Receipt this Period: 225.00

In-kind - CAMPAIGN WORK

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

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

1225.00

**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 44
	<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. 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4286**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 13630 STATE ROUTE 9 SE

City SNOHOMISH State WA Zip Code 98296

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

Name of Employer SAGE HILL LLC OF WA 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 Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
 400.00

DONATION

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

Mailing Address PO BOX 34

City STEHEKIN State WA Zip Code 98852

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  
 03 / 15 / 2014

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
 500.00

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 9 OF 44
	<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 KERRY COURTNEY**

Mailing Address **PO BOX 34**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2014**

**Transaction ID : SA11AI.4200**

Amount of Each Receipt this Period  
**500.00**

**DONATION**

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

Mailing Address **2004 15TH AVE SW**

City **OLYMPIA** State **WA** Zip Code **98502**

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  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
**2600.00**

**DONATION**

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

Mailing Address **4871 PASCO KAHLOTUS RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

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

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
**2600.00**

**DONATION**

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

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

**5700.00**

**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 44
	<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. RUSS DEAN**

Mailing Address 4871 PASCO KAHLOTUS 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

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

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 6119 BURDEN BLVD, STE A

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
 1000.00

DONATION - REIMB IN 2ND QTR

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

Mailing Address PO BOX 99

City LAURIER State WA Zip Code 99146

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  
 03 / 26 / 2014

**Transaction ID : SA11AI.4335**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 11 OF 44  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address **444 HOLLY DR**

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

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

Name of Employer **DIDIER FARMS, LLC** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
**2600.00**

**DONATION**

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

Mailing Address **444 HOLY DR**

City **ELTOPIA** State **WA** Zip Code **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  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4333**

Amount of Each Receipt this Period  
**2600.00**

**DONATION - REIMB IN 2ND QTR**

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

Mailing Address **22820 E CLEARWATER LN**

City **LIBERTY LAKE** State **WA** Zip Code **99019**

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

Name of Employer **MINES MANAGEMENT, INC** Occupation **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 Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4276**

Amount of Each Receipt this Period  
**1000.00**

**DONATION**

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

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

**6200.00**

**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 44
	<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. JOSHUA DYKES**

Mailing Address 4520 S REED ST

City State Zip Code  
KENNEWICK WA 99337

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

Name of Employer Occupation  
LEGACY FORD LINCOLN MERCURY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
2500.00

DONATION

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

Mailing Address 4520 S REED ST

City State Zip Code  
KENNEWICK WA 99337

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
2500.00

DONATION

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

Mailing Address 1063 YAKIMA AVE

City State Zip Code  
PROSSER WA 99350

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

Name of Employer Occupation  
PROSSER SCHOOL DISTRICT EDUCATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
225.00

In-kind - CAMPAIGN WORK

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

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

5225.00

**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 44
	<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 MARILYN GEARHART**

Mailing Address 11N DOUGLAS RD  
PO BOX 427

City WATERVILLE State WA Zip Code 98858

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  
 03 / 17 / 2014

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 801 WEST COLUMBIA

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 960 BLANTON RD

City ELTOPIA State WA Zip Code 99330

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.4182**

Amount of Each Receipt this Period  
250.00

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 14 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Mr. TODD HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 960 BLANTON RD		<b>Transaction ID : SA11AI.4180</b>	
City ELTOPIA	State WA	Zip Code 99330	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00 _____		

Full Name (Last, First, Middle Initial) <b>Mr. JUSTIN HEDRICK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address PO BOX 94		<b>Transaction ID : SA11AI.4194</b>	
City LAURIER	State WA	Zip Code 99146	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer SELF EMPLOYED	Occupation RANCHER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00 _____		

Full Name (Last, First, Middle Initial) <b>Ms KALEIGH HEDRICK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address PO BOX 94		<b>Transaction ID : SA11AI.4196</b>	
City LAURIER	State WA	Zip Code 99146	Amount of Each Receipt this Period _____ 500.00 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 _____ 500.00 _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1250.00 _____
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<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. KEVIN HEINEN**

Mailing Address 410 N NEWPORT DR

City MESA State WA Zip Code 99343

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

Name of Employer LUCKY H FARMS INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
 2500.00

DONATION

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

Mailing Address 13218 HWY 396

City ELTOPIA State WA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4337**

Amount of Each Receipt this Period  
 2000.00

DONATION - REIMB IN 2ND QTR

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

Mailing Address 6129 DEER ST

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<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)  
**IRONWOOD ACRES**

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4353**

Amount of Each Receipt this Period  
 750.00

DONATION - REIMB IN 2ND QTR

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

Mailing Address 4003 MONTEREY DR

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
PARR LUMBER MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4518**

Amount of Each Receipt this Period  
 1500.00

In-kind - WOOD FOR SIGNS

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

Mailing Address 3611 W JOHN DAY AVE

City State Zip Code  
KENNEWICK WA 99336

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4469**

Amount of Each Receipt this Period  
 400.00

In-kind - CAMPAIGN WORK

**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 17 OF 44
	<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 RENETT MARTIN**

Mailing Address **3611 W JOHN DAY AVE**

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

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4496**

Amount of Each Receipt this Period  
**400.00**

In-kind - **CAMPAIGN WORK**

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

Mailing Address **PO BOX 272**

City **LAURIER** State **WA** Zip Code **99146**

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

Name of Employer **SELF EMPLOYED** Occupation **RANCHER**

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  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4174**

Amount of Each Receipt this Period  
**500.00**

**DONATION**

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

Mailing Address **PO BOX 99**

City **LAURIER** State **WA** Zip Code **99146**

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

Name of Employer **SELF EMPLOYED** Occupation **RANCHER**

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  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
**500.00**

**DONATION**

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

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

**1400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
	<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 PATRICIA MCIRVIN**

Mailing Address **PO BOX 99**

City **LAURIER** State **WA** Zip Code **99146**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address **PO BOX 272**

City **LAURIER** State **WA** Zip Code **99146**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4172**

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

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

Name of Employer **27TH AVE SELF STORAGE** Occupation **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  
**03 / 22 / 2014**

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
**1000.00**

DONATION

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<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)  
**MKS INC PS**

Mailing Address 27406 S 816 PR SE

City: KENNEWICK State: WA Zip Code: 99338

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

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 24 / 2014

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period: 2600.00

DONATION - REIMB 2ND QTR

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

Mailing Address 2561 SHEFFIELD RD

City: MESA State: WA Zip Code: 99343

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

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 30 / 2014

**Transaction ID : SA11AI.4448**

Amount of Each Receipt this Period: 500.00

DONATION

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

Mailing Address 2561 SHEFFIELD RD

City: MESA State: WA Zip Code: 99343

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

Name of Employer: Montierrh Farms Inc Occupation: OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 30 / 2014

**Transaction ID : SA11AI.4446**

Amount of Each Receipt this Period: 500.00

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 20 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. DUANE MORTON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 48404 S TIERT RD		<b>Transaction ID : SA11AI.4467</b>	
City KENNEWICK	State WA	Zip Code 99337	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2050.00 In-kind - CAMPAIGN WORK	
Name of Employer SELF EMPLOYED	Occupation PAINTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2050.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. KEVIN MORTON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 205913 E BOWLES RD		<b>Transaction ID : SA11AI.4484</b>	
City KENNEWICK	State WA	Zip Code 99337	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 In-kind - CAMPAIGN WORK	
Name of Employer GRIGGS ENTERPRISES	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. MATT MORTON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 205913 E BOWLES RD		<b>Transaction ID : SA11AI.4488</b>	
City KENNEWICK	State WA	Zip Code 99337	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00 In-kind - CAMPAIGN WORK	
Name of Employer NONE	Occupation STUDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ms MICHELLE MORTON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 205913 E BOWLES RD		<b>Transaction ID : SA11AI.4486</b>	
City KENNEWICK	State WA	Zip Code 99337	Amount of Each Receipt this Period _____ 2200.00 In-kind - CAMPAIGN WORK
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation HOMEMAKEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2200.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. JOE PAULEY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1906 COLBY AVE		<b>Transaction ID : SA11AI.4462</b>	
City EVERETT	State WA	Zip Code 98201	Amount of Each Receipt this Period _____ 225.00 In-kind - CAMPAIGN WORK
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. LEROY PRANTLE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 560 IONE RD		<b>Transaction ID : SA11AI.4204</b>	
City PASCO	State WA	Zip Code 98930	Amount of Each Receipt this Period _____ 2600.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer P F & S Railway Supply Inc	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 5025.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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)  
**SHARON PRANTLE**

Mailing Address 560 IONE RD

City PASCO State WA Zip Code 98930

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
 2600.00

DONATION

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4224**

Amount of Each Receipt this Period  
 1000.00

DONATION

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
	<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)  
**ROD ROTTINGHAUS FARMS LLC**

Mailing Address 19 E SAGEMOOR LN

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  
 03 / 28 / 2014

**Transaction ID : SA11AI.4170**

Amount of Each Receipt this Period  
 1000.00

DONATION - REIMB IN 2ND QTR

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

Mailing Address 4900 NW FRONT AVE

City PORTLAND State OR Zip Code 97296

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  
 03 / 27 / 2014

**Transaction ID : SA11AI.4339**

Amount of Each Receipt this Period  
 2000.00

DONATION - REIMB IN 2ND QTR

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

Mailing Address 6010 WYNN JONES RD E

City PORT ORCHARD State WA Zip Code 98366

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

Name of Employer Occupation  
 NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4290**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

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

5600.00

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

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

FOR LINE NUMBER: PAGE 24 OF 44  
(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 MARGARET SIMPSON**

Mailing Address 6010 WYNN JONES RD E

City PORT ORCHARD State WA Zip Code 98366

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

Name of Employer THE CAPITOL PROJECT Occupation CONSULTANT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4288**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 2103 SUNRISE CT

City RICHLAND State WA Zip Code 99353

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4494**

Amount of Each Receipt this Period  
 300.00

In-kind - CAMPAIGN WORK

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

Mailing Address 1602 S FILLMORE ST

City KENNEWICK State WA Zip Code 99338

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

Name of Employer FRED MEYER Occupation CLERK

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4267**

Amount of Each Receipt this Period  
 500.00

DONATION

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

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

3400.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>T &amp; R FARMS, INC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address 1120 KLUNDT RD		<b>Transaction ID : SA11AI.4328</b>	
City PASCO	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 99301		DONATION - REIMB 2ND QTR	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>T-J MODEL TRAINS AND THINGS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 560 IONE RD		<b>Transaction ID : SA11AI.4351</b>	
City PASCO	State WA	Amount of Each Receipt this Period 700.00	
Zip Code 99301		DONATION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>Mr. EUGENE TOMICH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 6001 S THORP HWY		<b>Transaction ID : SA11AI.4188</b>	
City ELLENSBURG	State WA	Amount of Each Receipt this Period 1300.00	
Zip Code 98926		DONATION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NONE RETIRED			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6001 S THORP HWY

City: ELLENSBURG State: WA Zip Code: 98926

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1300.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period: 1300.00

DONATION

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

Mailing Address 1302 ADAIR DR

City: RICHLAND State: WA Zip Code: 99352

FEC ID number of contributing federal political committee: C

Name of Employer: KEVIN TUCKER SALES Occupation: OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 20 / 2014

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period: 250.00

DONATION

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

Mailing Address 2803 S DAYTON ST

City: KENNEWICK State: WA Zip Code: 99337

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: 1975.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.4465**

Amount of Each Receipt this Period: 1975.00

In-kind - CAMPAIGN WORK

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

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

3525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **2803 S DAYTON ST**

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

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

Name of Employer **NONE** Occupation **SELF EMPLOYED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4463**

Amount of Each Receipt this Period  
**2600.00**

In-kind - CAMPAIGN WORK

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

Mailing Address **7209 W 5TH PL**

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

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

Name of Employer **TRI-CITY HERALD** Occupation **ADMINISTRATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4490**

Amount of Each Receipt this Period  
**375.00**

In-kind - CAMPAIGN WORK

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

Mailing Address **7209 W 5TH PL**

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  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
**375.00**

In-kind - CAMPAIGN WORK

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

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

**3350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44
	<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)  
**WESTERN STATES FIRE INC**

Mailing Address 956 ADAMS RD N

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.4341**

Amount of Each Receipt this Period  
 1000.00

DONATION - REIMB IN 2ND QTR

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
 500.00

DONATION

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

Mailing Address PO BOX 236

City State Zip Code  
BENTON CITY WA 99320

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
 250.00

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 29 OF 44
	<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. PAUL WILLIAMS**

Mailing Address **PO BOX 236**

City **BENTON CITY** State **WA** Zip Code **99320**

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

Name of Employer **PASCO TIRE FACTORY, INC** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
**250.00**

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**Mr. G HANK WISSE**

Mailing Address **1120 FIR RD**

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

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : SA11AI.5116**

Amount of Each Receipt this Period  
**375.00**

DONATION

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

Mailing Address **1120 FIR RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : SA11AI.5118**

Amount of Each Receipt this Period  
**375.00**

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 30 OF 44
	<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 ANNE WORDEN**

Mailing Address 2820 RD 64

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 2820 RD 64

City PASCO State WA Zip Code 99301

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11AI.4128**

Amount of Each Receipt this Period  
 2600.00

DONATION

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
 1300.00

DONATION

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

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

6500.00

**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 44
	<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 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 **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.4165**

Amount of Each Receipt this Period  
**1300.00**

**DONATION**

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

Mailing Address **5608 MCKINLEY CT**

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

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4515**

Amount of Each Receipt this Period  
**325.00**

**In-kind - CAMPAIGN WORK**

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

Mailing Address **2705 N ROAD 84**

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

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
**750.00**

**In-kind - CAMPAIGN WORK**

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

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

**2375.00**

**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 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **1817 W 32ND AVE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11Al.4434**

Amount of Each Receipt this Period  
**1200.00**

**DONATION**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**1200.00**

**99225.00**



**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 44
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**CLINT DIDIER FOR CONGRESS**

Mailing Address PO BOX 157

City State Zip Code  
ELTOPIA WA 99301

FEC ID number of contributing federal political committee. **C** C00558502

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA13A.4244**

Amount of Each Receipt this Period  
 10000.00  
 PERSONAL FUNDS LOAN FM CANDIDATE

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

Mailing Address PO BOX 157

City State Zip Code  
ELTOPIA WA 99301

FEC ID number of contributing federal political committee. **C** C00558502

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA13A.4245**

Amount of Each Receipt this Period  
 20000.00  
 PERSONAL LOAN FUNDS FM CANDIDATE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

30000.00

30000.00

**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 34 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ALFE GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2500.00
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement WEBSITE DEVELOPMENT	
Candidate Name		Transaction ID : SB17.4316
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Ms CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 500.00
City SPOKANE VALLEY State WA Zip Code 99206	Purpose of Disbursement ACCT'NG & FILING SVCES	
Candidate Name		Transaction ID : SB17.4323
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Ms NANCY CLARK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 570 GLENWOOD RD		Amount of Each Disbursement this Period 225.00
City PASCO State WA Zip Code 99301	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name		Transaction ID : SB17.4514
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JUSTIN DIDIER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 8770 GLADE RD N		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4320</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement REIMB FOR WASHINGTON, DC PLANE TICKET	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO BOX 1814		Amount of Each Disbursement this Period 340.00 <b>Transaction ID : SB17.4318</b>
City WENATCHEE State WA Zip Code 98807	Purpose of Disbursement LINCOLN DAY ATTENDANCE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms MARY EDWARDS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1063 YAKIMA AVE		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.4510</b>
City PROSSER State WA Zip Code 99350	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1815.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mr. GROVER KERR</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4003 MONTEREY DR		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4520</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement In-kind - WOOD FOR SIGNS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. JERRY MARTIN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3611 W JOHN DAY AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4473</b>
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms RENETT MARTIN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3611 W JOHN DAY AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4502</b>
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mr. DUANE MORTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 48404 S TIERT RD		Amount of Each Disbursement this Period 2050.00 <b>Transaction ID : SB17.4474</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. KEVIN MORTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 205913 E BOWLES RD		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4508</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. MATT MORTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 205913 E BOWLES RD		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4506</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms MICHELLE MORTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 205913 E BOWLES RD		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : SB17.4507</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 2278.60 <b>Transaction ID : SB17.4322</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement CAMPAIGN MATERIAL	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) <b>C. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 748.94 <b>Transaction ID : SB17.4310</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement CAMPAIGN MATERIALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5227.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 214.50 <b>Transaction ID : SB17.4307</b>
City SPOKANE	State WA	
Zip Code 99201	Purpose of Disbursement CAMPAIGN MATERIALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. JOE PAULEY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1906 COLBY AVE		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.4477</b>
City EVERETT	State WA	
Zip Code 98201	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PRESSCATS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 18219 N LIDGERWOOD		Amount of Each Disbursement this Period 6657.88 <b>Transaction ID : SB17.4324</b>
City COLBERT	State WA	
Zip Code 99005	Purpose of Disbursement CAMPAIGN SIGNS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7097.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms RENEE SLOCUM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2103 SUNRISE CT		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4503</b>
City RICHLAND	State WA	
Zip Code 99353	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE CAPITOL PROJECT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 470--B.S.E. Andrews St		Amount of Each Disbursement this Period 555.46 <b>Transaction ID : SB17.4303</b>
City ISSAQUAH	State WA	
Zip Code 98029	Purpose of Disbursement CAMPAIGN MAILER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms NELLIE VERTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2803 S DAYTON ST		Amount of Each Disbursement this Period 1975.00 <b>Transaction ID : SB17.4475</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2830.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. WAYNE VERTZ</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2803 S DAYTON ST		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4476</b>
City KENNEWICK State WA Zip Code 99337	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VOSSLER MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 11730 118th Ave NE		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.4312</b>
City KIRKLAND State WA Zip Code 98034	Purpose of Disbursement CLEANUP WEBSITE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms MARCI WEBB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7209 W 5TH PL		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.4505</b>
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement In-kind - CAMPAIGN WORK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mr. PHIL WEBB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7209 W 5TH PL		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.4504</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. TIM ZILAR</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5608 MCKINLEY CT		Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB17.4517</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. TONY ZILAR</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2705 N ROAD 84		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4501</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement In-kind - CAMPAIGN WORK	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	32280.38

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

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

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

City	State	ZIP Code
ELTOPIA	WA	99301

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

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

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

City	State	ZIP Code
ELTOPIA	WA	99301

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

**TERMS**

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

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

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

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

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