

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 ELTOPIA WA 99301

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00558502 3. IS THIS REPORT NEW (N) OR AMENDED (A) WA 04

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

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 / 04 / 2014 in the State of WA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 02 / 11 / 2015

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 73395.89                | 466480.53                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 73395.89                | 466480.53                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 38319.89                | 357225.55                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 38319.89                | 357225.55                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 139254.98               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 30000.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                    |
| (i) Itemized (use Schedule A).....  | 63167.39                      | 373154.39                          |
| (ii) Unitemized .....   | 10228.50                      | 93326.14                           |
| (iii) TOTAL of contributions from individuals .....   | 73395.89                      | 466480.53                          |
| (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))..            | 73395.89                      | 466480.53                          |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....  |                               |                                    |
|   | 0.00                          | 0.00                               |
| 13. LOANS:  |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | 0.00                          | 30000.00                           |
| (b) All Other Loans.....  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | 0.00                          | 30000.00                           |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                              |                               |                                    |
|   | 0.00                          | 0.00                               |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....  |                               |                                    |
|   | 0.00                          | 0.00                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 73395.89                      | 496480.53                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 38319.89                      | 357225.55                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 38319.89                      | 357225.55                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 104178.98 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 73395.89  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 177574.87 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 38319.89  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 139254.98 |

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

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

FOR LINE NUMBER: PAGE 5 OF 48  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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 VELTA BENSON**

Mailing Address 3246 72ND PL SE

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8526**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA11AI.8414**

Amount of Each Receipt this Period  
 50.00

DONATION

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1067.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8493**

Amount of Each Receipt this Period  
 126.00

In-kind - APPETIZERS FOR FUNDRAISER

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

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

276.00

**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**941.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 06 2014

**Transaction ID : SA11AI.8494**

Amount of Each Receipt this Period  
**351.86**

In-kind - FOOTBALLS FOR FUNDRAISER

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**589.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 06 2014

**Transaction ID : SA11AI.8495**

Amount of Each Receipt this Period  
**10.81**

In-kind - ZIP TIES FOR SIGN INSTALLS

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

Mailing Address 24928 107TH AVE SE

City State Zip Code  
KENT WA 98030

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

Name of Employer Occupation  
FRANKLIN CTY REPUB CENTRAL COM CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**578.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 06 2014

**Transaction ID : SA11AI.8496**

Amount of Each Receipt this Period  
**328.72**

In-kind - MILEAGE USED TO INSTALL SIGNS

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

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

**691.39**

**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**BUCK FOR COLORADO**

Mailing Address **PO BOX 338018**

City **GREELEY** State **CO** Zip Code **80633**

FEC ID number of contributing federal political committee. **C C00461368**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.8761**

Amount of Each Receipt this Period  
**1000.00**

DONATION

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

Mailing Address **822 S ANDERSON ST**

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

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

Name of Employer Occupation  
**BUTTERWORTH LAW OFFICE PLLC** **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11AI.8330**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address **PO BOX 205**

City **ROYAL CITY** State **WA** Zip Code **99357**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 11 / 2014**

**Transaction ID : SA11AI.8702**

Amount of Each Receipt this Period  
**300.00**

DONATION - REIMB 4TH QTR

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

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

**1800.00**

**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. J GUADALUPE CARDENAS**

Mailing Address 2660 FRONTIER RD

City PASCO State WA Zip Code 99301

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

Name of Employer CARDENAS AG PRODUCTS & SVCES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.8727**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 2660 FRONTIER 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  
250.00

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

**Transaction ID : SA11AI.8729**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 1882 BRANTINGHAM RD

City RICHLAND State WA Zip Code 99352

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

Name of Employer TRI-CITIES FEVER Occupation CO-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  
 10 / 06 / 2014

**Transaction ID : SA11AI.8531**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

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

3100.00



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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 9 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 TERI CARR**

Mailing Address 1882 BRANTINGHAM RD

City RICHLAND State WA Zip Code 99352

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

Name of Employer TRI-CITIES FEVER Occupation CO-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  
 10 / 06 / 2014

**Transaction ID : SA11AI.8533**

Amount of Each Receipt this Period  
2600.00

DONATION

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

Mailing Address 2616 N RD 96

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.8507**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 7090 N WAHLUKE

City OTHELLO State WA Zip Code 99344

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

Name of Employer CORRALES AG Occupation CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.8551**

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

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

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. MICHAEL CORRALES</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 08 / 2014 |  |
| Mailing Address 7090 N WAHLUKE  |                                  | <b>Transaction ID : SA11AI.8553</b>                      |  |
| City<br>OTHELLO   | State<br>WA                      | Zip Code<br>99344  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00             |  |
| Name of Employer<br>CORRALES AG   | Occupation<br>CO-OWNER           |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |  |  |
|   |                                  | DONATION   |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. THOMAS COULSON</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 14 / 2014 |  |
| Mailing Address 31 BUEHLER LN   |                                   | <b>Transaction ID : SA11AI.8628</b>                      |  |
| City<br>CONNELL   | State<br>WA                       | Zip Code<br>99326  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00            |  |
| Name of Employer<br>TOSHIBA   | Occupation<br>CONSTRUCTION        |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |  |
|   |                                   | DONATION   |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms ROBIN CRAVEN</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 08 / 2014 |  |
| Mailing Address 1636 SAGEWOOD ST  |                                  | <b>Transaction ID : SA11AI.8388</b>                      |  |
| City<br>RICHLAND  | State<br>WA                      | Zip Code<br>99352  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>800.00             |  |
| Name of Employer<br>NONE  | Occupation<br>HOMEMAKER          |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>800.00 |  |  |
|   |                                  | DONATION   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2300.00 |
| <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 11 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 JANET S DEAN**

Mailing Address **PO BOX 2347**

City **PASCO** State **WA** Zip Code **99302**

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  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11AI.8559**

Amount of Each Receipt this Period  
**1300.00**

**DONATION**

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

Mailing Address **PO BOX 2347**

City **PASCO** State **WA** Zip Code **99302**

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  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11AI.8561**

Amount of Each Receipt this Period  
**1300.00**

**DONATION**

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

Mailing Address **2300 KRUSE RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11AI.8540**

Amount of Each Receipt this Period  
**1500.00**

**DONATION**

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

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

**4100.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. URBAN DIDIER**

Mailing Address 7017 CROMWELL WAY

City State Zip Code  
SACRAMENTO CA 95822

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.8164**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 7724 BYERS RD

City State Zip Code  
PASCO WA 99301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HARMS PACIFIC TRANSPORT TRUCKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA11AI.8599**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 2751 MEADOW HILLS CT

City State Zip Code  
RICHLAND WA 99352

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PASCO RANCH & HOME, INC PRESIDENT & CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2014

**Transaction ID : SA11AI.8471**

Amount of Each Receipt this Period

DONATION

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

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 13 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 133 MEADOW HILLS DR

City RICHLAND State WA Zip Code 99352

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

Name of Employer PASCO RANCH & HOME, INC Occupation CORPORATE SECRETARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8467**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 133 MEADOW HILLS DR

City RICHLAND State WA Zip Code 99352

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8469**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 2334 COOK RD

City YAKIMA State WA Zip Code 98908

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8572**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

750.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 14 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 MARTHA EFFLER**

Mailing Address 2334 COOK RD

City YAKIMA State WA Zip Code 98908

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8574**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 1156 S BROWN RD

City CONNELL State WA Zip Code 99326

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11AI.8295**

Amount of Each Receipt this Period  
125.00

DONATION

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

Mailing Address 1156 S BROWN RD

City CONNELL State WA Zip Code 99326

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  
 10 / 10 / 2014

**Transaction ID : SA11AI.8520**

Amount of Each Receipt this Period  
125.00

DONATION

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

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

500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 15 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. DAN EGBERT**

Mailing Address 1156 S BROWN RD

City CONNELL State WA Zip Code 99326

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11AI.8292**

Amount of Each Receipt this Period  
125.00

DONATION

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

Mailing Address 1156 S BROWN RD

City CONNELL State WA Zip Code 99326

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  
 10 / 10 / 2014

**Transaction ID : SA11AI.8521**

Amount of Each Receipt this Period  
125.00

DONATION

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

Mailing Address PO BOX 70

City COWICHE State WA Zip Code 98923

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  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8479**

Amount of Each Receipt this Period  
1900.00

DONATION

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

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

2150.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM G EVANS**

Mailing Address **PO BOX 70**

City **COWICHE** State **WA** Zip Code **98923**

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  
**1900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11AI.8477**

Amount of Each Receipt this Period  
**1900.00**

**DONATION**

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

Mailing Address **711 S AUBURN ST**

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

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

Name of Employer **BENTON FRANKLIN OTHOPEDIC** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

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

**Transaction ID : SA11AI.8677**

Amount of Each Receipt this Period  
**750.00**

**DONATION**

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

Mailing Address **711 S AUBURN ST**

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  
**750.00**

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

**Transaction ID : SA11AI.8679**

Amount of Each Receipt this Period  
**750.00**

**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: PAGE 17 OF 48  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address 1908 156TH ST NE

City State Zip Code  
ARLINGTON WA 98223

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 01 2014

**Transaction ID : SA11AI.8140**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 1908 156TH ST NE

City State Zip Code  
ARLINGTON WA 98223

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 15 2014

**Transaction ID : SA11AI.8664**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 2519 CORDOBA CT

City State Zip Code  
RICHLAND WA 99354

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.8530**

Amount of Each Receipt this Period  
200.00

DONATION

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

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

300.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 18 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**GOH CONSERVATIVE PAC**

Mailing Address PO BOX 8060

City State Zip Code  
TYLER TX 75711

FEC ID number of contributing federal political committee. **C** C00528596

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.8395**

Amount of Each Receipt this Period  
2500.00

DONATION

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

Mailing Address 5840 CHURCH RD

City State Zip Code  
FERNDALÉ WA 98248

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

Name of Employer Occupation  
SELF EMPLOYED SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.8644**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 5511 WRIGLEY DR

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
URS CORP ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.8392**

Amount of Each Receipt this Period  
25.00

DONATION

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

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

2625.00

**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. BOYD GRANT</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2014 |  |
| Mailing Address 1516 W MARINA DR  |  | <b>Transaction ID : SA11AI.8845</b>                      |  |
| City<br>MOSES LAKE  | State<br>WA                            | Zip Code<br>98837  | Amount of Each Receipt this Period<br>_____ 200.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 450.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms FRANCIS GRANT</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2014 |  |
| Mailing Address 1516 W MARINA DR  |  | <b>Transaction ID : SA11AI.8846</b>                      |  |
| City<br>MOSES LAKE  | State<br>WA                            | Zip Code<br>98837  | Amount of Each Receipt this Period<br>_____ 200.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 450.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms SHARON HACKNEY</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 08 / 2014 |  |
| Mailing Address 1350 GAGE BLVD  |  | <b>Transaction ID : SA11AI.8391</b>                      |  |
| City<br>RICHLAND  | State<br>WA                            | Zip Code<br>99352  | Amount of Each Receipt this Period<br>_____ 100.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 450.00 |  |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | _____ 500.00 |
| <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 20 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms MARY HARRIS</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014 |  |
| Mailing Address 960 BLANTON RD  |                                  | <b>Transaction ID : SA11AI.8426</b>                      |  |
| City<br>ELTOPIA   | State<br>WA                      | Zip Code<br>99330  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>NONE  | Occupation<br>HOMEMAKER          |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |
|   |                                  | DONATION   |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. TODD HARRIS</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014 |  |
| Mailing Address 960 BLANTON RD  |                                  | <b>Transaction ID : SA11AI.8425</b>                      |  |
| City<br>ELTOPIA   | State<br>WA                      | Zip Code<br>99330  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED            |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |
|   |                                  | DONATION   |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HAYES FARMS</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 01 / 2014 |  |
| Mailing Address 41 N BAART RD   |                                   | <b>Transaction ID : SA11AI.8490</b>                      |  |
| City<br>MESA  | State<br>WA                       | Zip Code<br>99343  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>500.00             |  |
| Name of Employer  | Occupation                        |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |  |
|   |                                   | DONATION   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1000.00 |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. DONALD HILL**

Mailing Address 291 PARISH RD

City SELAH State WA Zip Code 98942

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8548**

Amount of Each Receipt this Period  
 125.00

DONATION

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

Mailing Address 4065 W EAGLEROCK DR

City WENATCHEE State WA Zip Code 98801

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11AI.8617**

Amount of Each Receipt this Period  
 500.00

DONATION

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

Mailing Address 85 NE TRACY LN

City HERMISTON State OR Zip Code 97838

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

Name of Employer US Military Occupation Soldier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8465**

Amount of Each Receipt this Period  
 300.00

DONATION

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

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

925.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. 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  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8364**

Amount of Each Receipt this Period  
100.00

DONATION

**B.** 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  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8365**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 3027 120TH PL SE

City EVERETT State WA Zip Code 98208

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

Name of Employer THE BOEING CO Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.8639**

Amount of Each Receipt this Period  
300.00

DONATION

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

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

500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. PHILLIP JOHNSON**

Mailing Address 4501 W WILLIAMS RD

City State Zip Code  
BENTON CITY WA 99320

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11AI.8341**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 2202 W CLEARWATER 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  
225.00

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

**Transaction ID : SA11AI.8385**

Amount of Each Receipt this Period  
100.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**J R SIMPLOT CO PAC**

Mailing Address PO BOX 27

City State Zip Code  
BOISE ID 83707

FEC ID number of contributing federal political committee. **C** C00120873

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.8733**

Amount of Each Receipt this Period  
2500.00

DONATION

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

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

2850.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 CAROL KNOPP**

Mailing Address 46 RD M NE

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.8546**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 46 RD M NE

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer INLAND TARP & COVER CO Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.8547**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 1603 S JURUPA ST

City KENNEWICK State WA Zip Code 99338

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

Name of Employer BENTON COUNTY ORTHOPEDICS Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8692**

Amount of Each Receipt this Period  
800.00

DONATION

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

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

1300.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 25 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 KARIN KONTOGIANIS**

Mailing Address 1603 S JURUPA ST

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
K2 RENTALS LLC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8693**

Amount of Each Receipt this Period  
800.00

DONATION

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

Mailing Address 811 N 50TH AVE

City State Zip Code  
YAKIMA WA 98908

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  
1900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8401**

Amount of Each Receipt this Period  
1900.00

DONATION

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

Mailing Address PO BOX 447

City State Zip Code  
CASSVILLE GA 30123

FEC ID number of contributing federal political committee. **C** C00543892

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.8884**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

3700.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 26 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**LOUIE GOHMERT FOR CONGRESS COMMITTEE**

Mailing Address 3310 S BROADWAY, STE 100

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing federal political committee. **C** C00386532

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.8399**

Amount of Each Receipt this Period  
2000.00

DONATION

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

Mailing Address PO BOX 52188

City State Zip Code  
CASPER WY 82609

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.8476**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 267 VINCENT CT

City State Zip Code  
CENTRAL POINT OR 97502

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

Name of Employer Occupation  
SPORTS THERAPY ASSOCIATES INC SAFETY CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11AI.8127**

Amount of Each Receipt this Period  
150.00

DONATION

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

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

2650.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 27 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A. MARKETPLACE IDEAS & CONSERVATIVE KNOWLEDGE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S WASHINGTON ST, STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00502591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.8887**

Amount of Each Receipt this Period  
 1000.00

DONATION

**B. Mr. TOM MCCABE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1424 10TH AVE SW

City OLYMPIA State WA Zip Code 98502

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

Name of Employer Occupation  
 FREEDOM FOUNDATION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11AI.8290**

Amount of Each Receipt this Period  
 500.00

DONATION

**C. Mr. WILLIAM MCKAY**

Full Name (Last, First, Middle Initial)  
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 Occupation  
 27TH AVE SELF STORAGE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1650.00

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

**Transaction ID : SA11AI.8372**

Amount of Each Receipt this Period  
 150.00

DONATION

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

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

1650.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 28 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. EDWIN MOATS**

Mailing Address 13906 228TH ST NE

City ARLINGTON State WA Zip Code 98223

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8424**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address 308 SAWGRASS LN

City BROUSSARD State LA Zip Code 70518

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

Name of Employer DOVE TRANSPORTATION Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8747**

Amount of Each Receipt this Period  
**2600.00**

DONATION

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

Mailing Address 308 SAWGRASS LN

City BROUSSARD State LA Zip Code 70518

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

Name of Employer DOVE TRANSPORTATION Occupation ONWER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8745**

Amount of Each Receipt this Period  
**2600.00**

DONATION

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

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

**5300.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 29 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. LYNN OLSEN II**

Mailing Address 8501 COLUMBIA RIVER RD

City PASCO State WA Zip Code 99301

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

Name of Employer OLSEN AG INC 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  
 10 / 14 / 2014

**Transaction ID : SA11AI.8725**

Amount of Each Receipt this Period  
2600.00

DONATION

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

Mailing Address 412 RD 37

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA11AI.8473**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 6714 69TH PL NE

City MARYSVILLE State WA Zip Code 98270

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.8142**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

2900.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 30 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms RELLA REIMANN**

Mailing Address 111 MCCLENNY RD

City PASCO State WA Zip Code 99301

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8475**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 111 MCCLENNY RD

City PASCO State WA Zip Code 99301

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8474**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 35702 W ORCUTT RD

City BENTON CITY State WA Zip Code 99320

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

Name of Employer SPRING CREEK VINEYARDS LLC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.8690**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

1500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 ROBERTSON**

Mailing Address 4236 140TH AVE NE

City State Zip Code  
BELLEVUE WA 98005

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

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

**Transaction ID : SA11AI.8752**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address 900 KLAMATH RD

City State Zip Code  
MESA WA 99343

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.8455**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address PO BOX 511028

City State Zip Code  
MELBOURNE BEACH FL 32951

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

Name of Employer Occupation  
AVIDYNE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

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

**Transaction ID : SA11AI.8503**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

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

**2800.00**

**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. DONALD SMITH**

Mailing Address 502 N RD 47

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.8125**

Amount of Each Receipt this Period  
 350.00

DONATION

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

Mailing Address 1508 EUREKA RD

City ROSEVILLE State CA Zip Code 95661

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  
 10 / 02 / 2014

**Transaction ID : SA11AI.8123**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

Mailing Address 323 N MILLER

City WENATCHEE State WA Zip Code 98901

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

Name of Employer STEINBERG LAW FIRM PS Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.8338**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

3950.00



**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 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

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

Mailing Address 1602 S FILLMORE ST

City: 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: 800.00

Date of Receipt: 10 / 03 / 2014

**Transaction ID : SA11AI.8298**

Amount of Each Receipt this Period: 100.00

DONATION

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

Mailing Address 1602 S FILLMORE ST

City: 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: 900.00

Date of Receipt: 10 / 10 / 2014

**Transaction ID : SA11AI.8580**

Amount of Each Receipt this Period: 100.00

DONATION

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

Mailing Address 8614 BELL ST

City: PASCO State: WA Zip Code: 99301

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 275.00

Date of Receipt: 10 / 01 / 2014

**Transaction ID : SA11AI.8448**

Amount of Each Receipt this Period: 50.00

DONATION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 250.00 |
| <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 34 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. CECIL SWIFT</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |  |
| Mailing Address 6753 E TILSTRA RD   |  | <b>Transaction ID : SA11AI.8332</b>                      |  |
| City<br>BENTON CITY   | State<br>WA                            | Zip Code<br>99320  | Amount of Each Receipt this Period<br>_____ 100.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 550.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. CECIL SWIFT</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2014 |  |
| Mailing Address 6753 E TILSTRA RD   |  | <b>Transaction ID : SA11AI.8649</b>                      |  |
| City<br>BENTON CITY   | State<br>WA                            | Zip Code<br>99320  | Amount of Each Receipt this Period<br>_____ 100.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED                  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 650.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TERRY BAILIE FARMS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 01 / 2014 |  |
| Mailing Address 5861 GARFIELD RD  |  | <b>Transaction ID : SA11AI.8482</b>                      |  |
| City<br>MESA  | State<br>WA                            | Zip Code<br>99343  | Amount of Each Receipt this Period<br>_____ 500.00<br>DONATION |
| FEC ID number of contributing federal political committee.  |  | C  |  |
| Name of Employer  | Occupation                             |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>_____ 500.00 |  |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | _____ 700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | _____        |

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

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

FOR LINE NUMBER: PAGE 35 OF 48  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8457**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8456**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 300 N FRONTAGE RD

City State Zip Code  
WAPATO WA 98951

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

Name of Employer Occupation  
VALICOFF FRUIT CO, INC ORCHARDIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8152**

Amount of Each Receipt this Period  
 2600.00

DONATION

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

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

3100.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 36 OF 48 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 JUDY VERBRUGGE**

Mailing Address 4905 SCENIC DR

City YAKIMA State WA Zip Code 98908

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8458**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 4905 SCENIC DR

City YAKIMA State WA Zip Code 98908

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11AI.8460**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms DOROTHY WALTON-LUGLAN**

Mailing Address 601 LINCOLN CT

City PROSSER State WA Zip Code 99350

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  
550.00

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

**Transaction ID : SA11AI.8378**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 37 OF 48  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **BOX 936**

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

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
**10 / 02 / 2014**

**Transaction ID : SA11Al.8169**

Amount of Each Receipt this Period  
**100.00**

**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

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

Amount of Each Receipt this Period

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

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

**100.00**

**63167.39**

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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 38 OF 48 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ALLIED LAW FIRM PLLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2014                          |
| Mailing Address 6951 MLK JUNIOR WAY S<br>STE 226   |  | Amount of Each Disbursement this Period<br>186.67<br><b>Transaction ID : SB17.8588</b> |
| City SEATTLE State WA Zip Code 98118   | Purpose of Disbursement PUBLIC DISCLOSURE REQ  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN EXPRESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 01 / 2014                        |
| Mailing Address 200 VESEY ST   |  | Amount of Each Disbursement this Period<br>7.95<br><b>Transaction ID : SB17.8114</b> |
| City NEW YORK State NY Zip Code 10285  | Purpose of Disbursement ONLINE FEES  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERICAN EXPRESS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 05 / 2014                          |
| Mailing Address 200 VESEY ST   |  | Amount of Each Disbursement this Period<br>160.54<br><b>Transaction ID : SB17.8302</b> |
| City NEW YORK State NY Zip Code 10285  | Purpose of Disbursement ONLINE FEES  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 355.16 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 39 OF 48 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. APPLEBEE'S NEIGHBORHOOD GRILL</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014 |
| Mailing Address 5305 N RD 68   |  | Amount of Each Disbursement this Period<br>71.59              |
| City PASCO State WA Zip Code 99301   | Purpose of Disbursement CONSUMABLES  |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.8279                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. APPLEBEE'S NEIGHBORHOOD GRILL</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |
| Mailing Address 5305 N RD 68   |  | Amount of Each Disbursement this Period<br>45.57              |
| City PASCO State WA Zip Code 99301   | Purpose of Disbursement CONSUMABLES  |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.8314                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. APPLEBEE'S NEIGHBORHOOD GRILL</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2014 |
| Mailing Address 5305 N RD 68   |  | Amount of Each Disbursement this Period<br>78.94              |
| City PASCO State WA Zip Code 99301   | Purpose of Disbursement CONSUMABLES  |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.8517                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 196.10 |
| <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:<br>(check only one)  | PAGE 40 OF 48 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. WILLIAM BOULDS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |
| Mailing Address 24928 107TH AVE SE   |  | Amount of Each Disbursement this Period<br>328.72             |
| City KENT State WA Zip Code 98030  | Purpose of Disbursement<br>In-kind - MILEAGE USED TO INSTALL SIGNS   |   |
| Candidate Name   |  | Transaction ID : SB17.8497                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. WILLIAM BOULDS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |
| Mailing Address 24928 107TH AVE SE   |  | Amount of Each Disbursement this Period<br>10.81              |
| City KENT State WA Zip Code 98030  | Purpose of Disbursement<br>In-kind - ZIP TIES FOR SIGN INSTALLS  |   |
| Candidate Name   |  | Transaction ID : SB17.8498                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. WILLIAM BOULDS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |
| Mailing Address 24928 107TH AVE SE   |  | Amount of Each Disbursement this Period<br>351.86             |
| City KENT State WA Zip Code 98030  | Purpose of Disbursement<br>In-kind - FOOTBALLS FOR FUNDRAISER  |   |
| Candidate Name   |  | Transaction ID : SB17.8499                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 691.39 |
| <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:<br>(check only one)          |                                    | PAGE 41 OF 48                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. CHEVRON RITZVILLE</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2014 |
| Mailing Address 101 W GALBREATH WAY  |                         | Amount of Each Disbursement this Period<br>85.67              |
| City RITZVILLE   | State WA Zip Code 99169 |   |
| Purpose of Disbursement<br>FUEL  | Candidate Name          | Transaction ID : SB17.8592                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHEVRON RITZVILLE</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 14 / 2014 |
| Mailing Address 101 W GALBREATH WAY  |                         | Amount of Each Disbursement this Period<br>70.83              |
| City RITZVILLE   | State WA Zip Code 99169 |   |
| Purpose of Disbursement<br>FUEL  | Candidate Name          | Transaction ID : SB17.8608                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CMDI</b>  |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 02 / 2014 |
| Mailing Address 1593 SPRING HILL RD<br>STE 400   |                         | Amount of Each Disbursement this Period<br>151.08             |
| City TYSONS CORNER   | State VA Zip Code 22182 |   |
| Purpose of Disbursement<br>MAIL & INVOICES   | Candidate Name          | Transaction ID : SB17.8145                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |                         |   |
| State: District:   | Category/Type           |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 307.08 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 42 OF 48                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 09 / 2014                          |
| Mailing Address 1593 SPRING HILL RD<br>STE 400  |  | Amount of Each Disbursement this Period<br>573.87<br><b>Transaction ID : SB17.8394</b> |
| City TYSONS CORNER  | State VA Zip Code 22182  |  |
| Purpose of Disbursement<br>MAIL & INVOICES  | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CONSTANT CONTACT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2014                        |
| Mailing Address 1601 TRAPELO RD, RESERVOIR RD   |  | Amount of Each Disbursement this Period<br>8.00<br><b>Transaction ID : SB17.8518</b> |
| City WALTHAM  | State MA Zip Code 02451  |  |
| Purpose of Disbursement<br>ONLINE MARKETING   | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CONSTANT CONTACT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 14 / 2014                          |
| Mailing Address 1601 TRAPELO RD, RESERVOIR RD   |  | Amount of Each Disbursement this Period<br>119.46<br><b>Transaction ID : SB17.8595</b> |
| City WALTHAM  | State MA Zip Code 02451  |  |
| Purpose of Disbursement<br>ONLINE MARKETING   | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 701.33 |
| <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:<br>(check only one)          | PAGE 43 OF 48                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. DAVID FERMAN</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |  |
| Mailing Address 2104 E PHINNEY BAY DR   |  |                   | Amount of Each Disbursement this Period<br>1000.00            |  |
| City<br>BREMERTON   | State<br>WA  | Zip Code<br>98312 | Transaction ID : SB17.8359                                    |  |
| Purpose of Disbursement<br>SIGNAGE SEP & OCT  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HOLIDAY STATIONSTORE</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 06 / 2014 |  |
| Mailing Address 9792 N DIVISION   |  |                   | Amount of Each Disbursement this Period<br>59.64              |  |
| City<br>SPOKANE   | State<br>WA  | Zip Code<br>99218 | Transaction ID : SB17.8315                                    |  |
| Purpose of Disbursement<br>FUEL   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LOWE'S HOME IMPROVEMENT</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 15 / 2014 |  |
| Mailing Address 4520 ROAD 68  |  |                   | Amount of Each Disbursement this Period<br>72.06              |  |
| City<br>PASCO   | State<br>WA  | Zip Code<br>99301 | Transaction ID : SB17.8768                                    |  |
| Purpose of Disbursement<br>SIGNAGE MATERIAL   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1131.70 |
| <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:<br>(check only one)          | PAGE 44 OF 48                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MR QWIK'S COUNTRY, INC</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014 |
| Mailing Address PO BOX 8   |  | Amount of Each Disbursement this Period<br>67.19              |
| City ELTOPIA State WA Zip Code 99330   | Purpose of Disbursement FUEL   |   |
| Candidate Name   |  | Transaction ID : SB17.8301                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MR QWIK'S COUNTRY, INC</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2014 |
| Mailing Address PO BOX 8   |  | Amount of Each Disbursement this Period<br>51.49              |
| City ELTOPIA State WA Zip Code 99330   | Purpose of Disbursement FUEL   |   |
| Candidate Name   |  | Transaction ID : SB17.8590                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NATIONAL COLOR GRAPHICS INC</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 08 / 2014 |
| Mailing Address 25 W BOONE   |  | Amount of Each Disbursement this Period<br>8849.26            |
| City SPOKANE State WA Zip Code 99201   | Purpose of Disbursement FUNDRAISING MAILING  |   |
| Candidate Name   |  | Transaction ID : SB17.8393                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   | Category/Type  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8967.94 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 45 OF 48                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

**A. OTHELLO OUTLOOK**

Full Name (Last, First, Middle Initial)  
Mailing Address 125 S 1ST AVE

City OTHELLO State WA Zip Code 99344

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 660.00

Transaction ID : SB17.8515

Category/Type

**B. RED LION HOTEL PASCO**

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

City PASCO State WA Zip Code 99301

Purpose of Disbursement ACCOMMODATIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 320.37

Transaction ID : SB17.8277

Category/Type

**C. Mr. DOUGLAS SIMPSON**

Full Name (Last, First, Middle Initial)  
Mailing Address 6010 WYNN JONES RD E

City PORT ORCHARD State WA Zip Code 98366

Purpose of Disbursement GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 19271.74

Transaction ID : SB17.8589

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 20252.11

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 46 OF 48                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. LARRY STICKNEY</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014                           |
| Mailing Address 978 WESTOVER RD  |  | Amount of Each Disbursement this Period<br>5000.00<br><b>Transaction ID : SB17.8303</b> |
| City COLVILLE State WA Zip Code 99114  | Purpose of Disbursement<br>CAMPAIGN MANAGERIAL FEE   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WALMART SUPERCENTER</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 07 / 2014                          |
| Mailing Address 4820 N RD 68   |  | Amount of Each Disbursement this Period<br>163.52<br><b>Transaction ID : SB17.8382</b> |
| City PASCO State WA Zip Code 99301   | Purpose of Disbursement<br>OFFICE SUPPLIES   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WALMART SUPERCENTER</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 15 / 2014                          |
| Mailing Address 4820 N RD 68   |  | Amount of Each Disbursement this Period<br>120.46<br><b>Transaction ID : SB17.8769</b> |
| City PASCO State WA Zip Code 99301   | Purpose of Disbursement<br>OFFICE SUPPLIES   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5283.98  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 37887.29 |

**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)<br><b>CLINT DIDIER FOR CONGRESS</b> | Election: 2014<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>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).....  | ▶ | [ ]      |
| <b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b> |   |          |

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

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

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

|         |       |          |
|---------|-------|----------|
| City    | State | ZIP Code |
| ELTOPIA | WA    | 99301    |

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

**TERMS**

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

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

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

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

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