

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

CLINT DIDIER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 157

Check if different than previously reported. (ACC)

ELTOPIA

WA

99301

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558502

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

WA

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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

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 This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	115658.43	582028.96
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	115658.43	582028.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	220480.92	551452.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	220480.92	551452.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6932.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="98025.00"/>	<input type="text" value="471179.39"/>
(ii) Unitemized	<input type="text" value="17633.43"/>	<input type="text" value="110849.57"/>
(iii) Total of contributions from individuals	<input type="text" value="115658.43"/>	<input type="text" value="582028.96"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="110.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 85

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
115658.43	582028.96	110.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	30000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	30000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
115658.43	612028.96	110.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 85

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
220480.92	551452.35	23754.12
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
30000.00	30000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
30000.00	30000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 85

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

250480.92	581452.35	23754.12
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

115658.43	582028.96	110.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

220480.92	551452.35	23754.12
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	141754.98
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	115658.43
25. SUBTOTAL (add Line 23 and Line 24).....	257413.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	250480.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	6932.49

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms LYNNE ALFE**

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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  
2635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.9726**

Amount of Each Receipt this Period  
2600.00

In-kind - WEB DESIGN SVCES

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

Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

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

Name of Employer ALFE GRAPHICS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.9727**

Amount of Each Receipt this Period  
2600.00

In-kind - WEB DESIGN SVCES

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

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.8782**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

5450.00

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 712 N LANCASHIRE

City LIBERTY LAKE State WA Zip Code 99019

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.8783**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 8902 S DAWES ST

City KENNEWICK State WA Zip Code 99336

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

Name of Employer RON ASMUS HOME INC Occupation 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 / 27 / 2014

**Transaction ID : SA11AI.9448**

Amount of Each Receipt this Period  
1250.00

DONATION

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

Mailing Address 802 S DAWES ST

City KENNEWICK State WA Zip Code 99336

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

Name of Employer RON ASMUS HOME INC Occupation PRESIDENT

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 / 27 / 2014

**Transaction ID : SA11AI.9450**

Amount of Each Receipt this Period  
1250.00

DONATION

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

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

2750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **227 W DAYTON AVE**

City **DAYTON** State **WA** Zip Code **99328**

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

Name of Employer **CITY OF DAYTON** Occupation **CLERK**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11AI.9632**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address **3281 HOPE VALLEY RD**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : SA11AI.9186**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address **10971 COYAN RD**

City **CONNELL** State **WA** Zip Code **99326**

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

Name of Employer **MERLE D BOOKER FARM** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9037**

Amount of Each Receipt this Period  
**1500.00**

DONATION

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

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

**2100.00**

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. WILLIAM 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  
**1567.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9016**

Amount of Each Receipt this Period  
**500.00**

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  
**1992.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9061**

Amount of Each Receipt this Period  
**425.00**

In-kind - AUTOGRAPHED FOOTBALL FOR FUNDRAISER

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

Mailing Address 956 ADAMS RD N

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Occupation  
ALAN BOWMAN CO OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.9208**

Amount of Each Receipt this Period  
**2000.00**

DONATION

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

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

**2925.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ms DOROTHY CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 4827 S PALOUSE HWY, APT 2505		<b>Transaction ID : SA11AI.9163</b>	
City SPOKANE	State WA	Zip Code 99223	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00 _____		

Full Name (Last, First, Middle Initial) <b>B. Mr. EUGENE CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 4827 S PALOUSE HWY, APT 2505		<b>Transaction ID : SA11AI.9161</b>	
City SPOKANE	State WA	Zip Code 99223	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00 _____		

Full Name (Last, First, Middle Initial) <b>C. Ms CANDYCE CASEY</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 2004 E 54TH		<b>Transaction ID : SA11AI.9655</b>	
City SPOKANE	State WA	Zip Code 99223	Amount of Each Receipt this Period _____ 100.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00 _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1100.00 _____
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms CHARLA CASEY**

Mailing Address 4011 YUMA DR

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 / 30 / 2014

**Transaction ID : SA11AI.9611**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 5304 W 8TH AVE

City KENNEWICK State WA Zip Code 99336

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

Name of Employer TRI-CITIES FOOT & ANKLE CLINIC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9114**

Amount of Each Receipt this Period  
750.00

DONATION

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

Mailing Address 5304 W 8TH AVE

City KENNEWICK State WA Zip Code 99336

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

Name of Employer INLAND CARDIOLOGY ASSOCIATES 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 / 21 / 2014

**Transaction ID : SA11AI.9115**

Amount of Each Receipt this Period  
750.00

DONATION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9678**

Amount of Each Receipt this Period  
1000.00

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 Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.8937**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 12408 127TH AVE NE

City LAKE STEVENS State WA Zip Code 98258

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

Name of Employer Occupation  
AERO/CE CONSU'ING & ENGINE'ING PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8917**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 7017 CROMWELL WAY

City State Zip Code  
SACRAMENTO CA 95822

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 31 / 2014

**Transaction ID : SA11AI.9599**

Amount of Each Receipt this Period  
150.00

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. **C**

Name of Employer Occupation  
HARMS PACIFIC TRANSPORT TRUCKING

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 22 / 2014

**Transaction ID : SA11AI.8959**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**D J M ENTERPRISES**

Mailing Address PO BOX 9292

City State Zip Code  
SPOKANE WA 99209

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 20 / 2014

**Transaction ID : SA11AI.9159**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 26000 NEWBRIDGE DR

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
ALTOS SONOMA CORP PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.9637**

Amount of Each Receipt this Period  
150.00

DONATION

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

Mailing Address PO BOX 2204

City State Zip Code  
COEUR D'ALENE ID 83816

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 / 22 / 2014

**Transaction ID : SA11AI.9181**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address PO BOX 2204

City State Zip Code  
COEUR D'ALENE ID 83816

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 / 16 / 2014

**Transaction ID : SA11AI.9179**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 15901 RD 28 SW

City MATTAWA State WA Zip Code 99349

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

Name of Employer DOUBLE D FARMS INC Occupation PRESIDENT

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 / 30 / 2014

**Transaction ID : SA11AI.9775**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 15901 RD 28 SW

City MATTAWA State WA Zip Code 99349

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 / 30 / 2014

**Transaction ID : SA11AI.9777**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 830 BELLFLOWER RD

City BASIN CITY State WA Zip Code 99343

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.8927**

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 17 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. ROBERT EBERLE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 9570 MCGLINN DR		<b>Transaction ID : SA11AI.8832</b>	
City LACONNER	State WA	Zip Code 98257	Amount of Each Receipt this Period _____ 100.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer EBERLE COMM. GROUP	Occupation SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. ROBERT EBERLE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 9570 MCGLINN DR		<b>Transaction ID : SA11AI.9212</b>	
City LACONNER	State WA	Zip Code 98257	Amount of Each Receipt this Period _____ 100.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer EBERLE COMM. GROUP	Occupation SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. KIRK ECKLUND</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 301 MTN SHADOWS PL		<b>Transaction ID : SA11AI.8835</b>	
City YAKIMA	State WA	Zip Code 98908	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 450.00
<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 18 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Mr. HARRY EDMONDSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 2006 NE 16TH ST		<b>Transaction ID : SA11AI.8926</b>	
City RENTON	State WA	Zip Code 98056	Amount of Each Receipt this Period _____ 25.00 DONATION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HARRY CHRISTOPHER EDMONDSON	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

Full Name (Last, First, Middle Initial) <b>Mr. JAMES EGAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1191 NE TEE LAKE RD		<b>Transaction ID : SA11AI.9597</b>	
City TAHUYA	State WA	Zip Code 98588	Amount of Each Receipt this Period _____ 50.00 DONATION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>Ms CINDI EGBERT</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 1156 S BROWN RD		<b>Transaction ID : SA11AI.8947</b>	
City CONNELL	State WA	Zip Code 99326	Amount of Each Receipt this Period _____ 50.00 DONATION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 125.00
<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 19 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. 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  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.8948**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 4105 DESERT DR

City PASCO State WA Zip Code 99301

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

Name of Employer WA STATE UNIVERSITY Occupation IT

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 / 22 / 2014

**Transaction ID : SA11AI.8966**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 2408 243RD PL SW

City BOTHELL State WA Zip Code 98021

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 / 24 / 2014

**Transaction ID : SA11AI.9226**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION PAC**

Mailing Address 801 G ST NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00452383

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.9671**

Amount of Each Receipt this Period  
2500.00

DONATION

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

Mailing Address 2421 LANGFORD RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
FANGMAN SPRAYING LLC CO-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  
11 / 03 / 2014

**Transaction ID : SA11AI.9764**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 2421 LANGFORD RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
FANGMAN SPRAYING LLC CO-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  
11 / 03 / 2014

**Transaction ID : SA11AI.9765**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FANGMAN SPRAYING LLC**

Mailing Address 2421 LANGFORD RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.8843**

Amount of Each Receipt this Period  
500.00  
DONATION - REIMB 4TH QTR

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

Mailing Address 133 S HARBOR DR

City State Zip Code  
VENICE FL 34285

FEC ID number of contributing federal political committee. **C** C00531822

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 / 27 / 2014

**Transaction ID : SA11AI.9383**

Amount of Each Receipt this Period  
1000.00  
DONATION

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

Mailing Address 1115 SW MARCIA DR

City State Zip Code  
PULLMAN WA 99163

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

Name of Employer Occupation  
SELF EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.9356**

Amount of Each Receipt this Period  
500.00  
DONATION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. DENIS FREDERICKSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1908 156TH ST NE		<b>Transaction ID : SA11AI.9613</b>	
City ARLINGTON	State WA	Zip Code 98223	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>B. FREEDOM'S DEFENSE FUND</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1155 15TH ST, NW STE 410		<b>Transaction ID : SA11AI.9390</b>	
City WASHINGTON	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C C00401786		Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00		
		DONATION	

Full Name (Last, First, Middle Initial) <b>C. Ms BONNIE FROST</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3010 W PENINSULA DR, UNIT 100		<b>Transaction ID : SA11AI.8860</b>	
City MOSES LAKE	State WA	Zip Code 98837	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer DESERT GRAPHICS INC	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
		DONATION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<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 23 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ms MARY GANO</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 1294 WHITE BLUFFS ST		<b>Transaction ID : SA11AI.9003</b>	
City RICHLAND	State WA	Zip Code 99352	Amount of Each Receipt this Period _____ 75.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 475.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. GREGORY GERSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 5015 ROBERT WAY DR		<b>Transaction ID : SA11AI.8810</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period _____ 100.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NORTH FRANKLIN SCHOOL DISTRICT	Occupation EDUCATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. JOHN GOULET</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 5511 WRIGLEY DR		<b>Transaction ID : SA11AI.9610</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period _____ 50.00 DONATION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer URS CORP	Occupation ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 225.00
<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 24 OF 85  
(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. CHARLES GOVE**

Mailing Address 22024 NE 66TH PL

City REDMOND State WA Zip Code 98053

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.8797**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 6560 E HILLDALE RD

City PORT ORCHARD State WA Zip Code 98366

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  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.9614**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 771 HUNGRY JUNCTION RD

City ELLENSBURG State WA Zip Code 98926

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

Name of Employer ROBERT E HABERMAN Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.9099**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

1050.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms SUSAN HABERMAN**

Mailing Address **771 HUNGRY JUNCTION RD**

City **ELLENSBURG** State **WA** Zip Code **98926**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.9097**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address **224603 E MAIN ST**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.9032**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address **206 NE 126TH AVE, #159**

City **VANCOUVER** State **WA** Zip Code **98684**

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

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9406**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**HAYES FARMS**

Mailing Address 41 N BAART RD

City MESA State WA Zip Code 99343

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9136**

Amount of Each Receipt this Period  
800.00

DONATION

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

Mailing Address 410 N NEWPORT DR

City MESA State WA Zip Code 99343

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

Name of Employer Occupation  
LUCKY H FARMS INC CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9490**

Amount of Each Receipt this Period  
1500.00

DONATION

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

Mailing Address 24709 SUNSET MEADOW LOOP

City KENNEWICK State WA Zip Code 99338

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

Name of Employer Occupation  
NOTUS INVESTMENTS LLC AGENT

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 / 21 / 2014

**Transaction ID : SA11AI.8975**

Amount of Each Receipt this Period  
2600.00

DONATION

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

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

4900.00

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ms REBECCA HENRY</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 24709 SUNSET MEADOW LOOP		<b>Transaction ID : SA11AI.8977</b>	
City KENNEWICK	State WA	Zip Code 99338	Amount of Each Receipt this Period _____ 2600.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. DON HUNTZINGER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 501 RINGOLD RIVER RD		<b>Transaction ID : SA11AI.8849</b>	
City MESA	State WA	Zip Code 99343	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Ms TINY (VIOLET) HUNTZINGER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 501 RINGOLD RIVER RD		<b>Transaction ID : SA11AI.8850</b>	
City MESA	State WA	Zip Code 99343	Amount of Each Receipt this Period _____ 250.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3100.00
<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 28 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO BOX 1144**

City **TROY** State **MT** Zip Code **59935**

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

Name of Employer **CHLOR RID** Occupation **MARKETING**

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 / 30 / 2014**

**Transaction ID : SA11AI.9557**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address **4501 W WILLIAMS RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.8905**

Amount of Each Receipt this Period  
**150.00**

DONATION

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

Mailing Address **PO BOX 2997**

City **GRAND RAPIDS** State **MI** Zip Code **49501**

FEC ID number of contributing federal political committee. **C C00525717**

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 / 27 / 2014**

**Transaction ID : SA11AI.9381**

Amount of Each Receipt this Period  
**1000.00**

DONATION

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Mr. TOM KIMBALL</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 3534 HANSTEAD ST		<b>Transaction ID : SA11AI.9015</b>	
City RICHLAND	State WA	Zip Code 99352	Amount of Each Receipt this Period _____ 200.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer CISCO SYSTEMS	Occupation ACCT MGR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>Mr. FRANCIS LA ROSEE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 10624 HANDICAP DR SE		<b>Transaction ID : SA11AI.9478</b>	
City WARDEN	State WA	Zip Code 98857	Amount of Each Receipt this Period _____ 750.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>Ms SUNNY LA ROSEE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 10624 HANDICAP DR SE		<b>Transaction ID : SA11AI.9480</b>	
City WARDEN	State WA	Zip Code 98857	Amount of Each Receipt this Period _____ 750.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1700.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LAUTENSCHLAGER & SONS**

Mailing Address 1251 CUTLER-LAUTENSCHLAGER RD

City ENDICOTT State WA Zip Code 99125

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9101**

Amount of Each Receipt this Period  
2100.00

DONATION

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

Mailing Address 2600 W 34TH AVE

City KENNEWICK State WA Zip Code 99337

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9058**

Amount of Each Receipt this Period  
400.00

In-kind - COPY OF US CONSTITUTION AT FUNDRAISER

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

Mailing Address 100804 E REATA RD

City KENNEWICK State WA Zip Code 99338

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

Name of Employer Occupation  
DEPT OF ENERGY NUCLEAR ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9596**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Mr. MATT LOGAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 410 N NEWPORT DR		<b>Transaction ID : SA11AI.9489</b>	
City MESA	State WA	Zip Code 99343	Amount of Each Receipt this Period _____ 1500.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation UNEMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

Full Name (Last, First, Middle Initial) <b>Ms AMY MACHUGH</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 660 DOGWOOD		<b>Transaction ID : SA11AI.8882</b>	
City PASCO	State WA	Zip Code 99301	Amount of Each Receipt this Period _____ 1000.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer JACKASS MTN RANCH	Occupation CO-OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>Mr. WILLIAM MAGER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 2004 S BEECH ST		<b>Transaction ID : SA11AI.9562</b>	
City KENNEWICK	State WA	Zip Code 99337	Amount of Each Receipt this Period _____ 75.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer LABOR READY	Occupation BRANCH MGR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2575.00
<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 32 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARIJUANA POLICY PROJECT PAC**

Mailing Address **PO BOX 77492**

City **WASHINGTON** State **DC** Zip Code **20013**

FEC ID number of contributing federal political committee. **C C00389882**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11AI.9813**

Amount of Each Receipt this Period  
**5000.00**

DONATION

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

Mailing Address **9120 RUSSELL RD**

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

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

Name of Employer Occupation  
**GRANT L MATHEWS** **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.9366**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

Mailing Address **9120 RUSSELL RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.9367**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

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

**5500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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 FREEDOM FOUNDATION Occupation CEO

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 / 22 / 2014

**Transaction ID : SA11AI.9169**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address PO BOX 1287

City GRAHAM State WA Zip Code 98338

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

Name of Employer PIERCE COUNTY Occupation COUNCILMAN

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 / 31 / 2014

**Transaction ID : SA11AI.9646**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address PO BOX 732

City TONASKET State WA Zip Code 98855

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 / 21 / 2014

**Transaction ID : SA11AI.8908**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO BOX 732**

City **TONASKET** State **WA** Zip Code **98855**

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11AI.8909**

Amount of Each Receipt this Period  
**250.00**

**DONATION**

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

Mailing Address **106514 E 297 PR SE**

City **KENNEWICK** State **WA** Zip Code **99338**

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

Name of Employer **SELF EMPLOYED** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9109**

Amount of Each Receipt this Period  
**2600.00**

**DONATION**

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

Mailing Address **416 S 56TH AVE**

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 / 31 / 2014**

**Transaction ID : SA11AI.9630**

Amount of Each Receipt this Period  
**250.00**

**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 35 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms HEATHER MCDONALD**

Mailing Address 106514 E 297 PR SE

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
ADP SALES MGR

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 / 22 / 2014

**Transaction ID : SA11AI.9112**

Amount of Each Receipt this Period  
1150.00

DONATION

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

Mailing Address 7032 E 100TH ST

City State Zip Code  
TULSA OK 74113

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

Name of Employer Occupation  
SCOTT WILLIAM MCEACHIN, PC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.9638**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 3104 W KENNEWICK AVE, STE D

City State Zip Code  
KENNEWICK WA 99336

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

Name of Employer Occupation  
SELF EMPLOYED REALTOR

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 / 22 / 2014

**Transaction ID : SA11AI.9192**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

2400.00

**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 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3104 W KENNEWICK AVE, STE D

City State Zip Code  
KENNEWICK WA 99336

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

Name of Employer Occupation  
SELF-EMPLOYED REALTOR

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 / 22 / 2014

**Transaction ID : SA11AI.9876**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 11925 S 49TH W AVE

City State Zip Code  
SAPULPA OK 74066

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

Name of Employer Occupation  
SELF EMPLOYED FARMER/ENGINEER

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 / 28 / 2014

**Transaction ID : SA11AI.9466**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address PO BOX 159

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
GARY MIDDLETON FARMS INC 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 / 23 / 2014

**Transaction ID : SA11AI.9402**

Amount of Each Receipt this Period  
750.00

DONATION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Mr. DAN MILDON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 94105 E REATA RD		<b>Transaction ID : SA11AI.9028</b>	
City KENNEWICK	State WA	Zip Code 99338	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>Ms PAMELA MILDON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 94105 REATA RD		<b>Transaction ID : SA11AI.9029</b>	
City KENNEWICK	State WA	Zip Code 99338	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>Ms SUSAN MISCHER</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 16222 67TH AVE NE		<b>Transaction ID : SA11AI.9539</b>	
City ARLINGTON	State WA	Zip Code 98223	Amount of Each Receipt this Period _____ 500.00 DONATION
FEC ID number of contributing federal political committee.		C	
Name of Employer ELECTRIC MIRROR	Occupation VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1500.00
<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 38 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms MICHELLE MORTON**

Mailing Address 205913 E BOWLES RD

City State Zip Code  
KENNEWICK WA 99337

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.9592**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 3035 RICKENBACKER DR

City State Zip Code  
PASCO WA 99301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MUSSER BROS INC AUCTIONEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.9119**

Amount of Each Receipt this Period

DONATION

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

Mailing Address 3035 RICKENBACKER DR

City State Zip Code  
PASCO WA 99301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.9120**

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 39 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6808 W 15TH

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.8999**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 6808 W 15TH

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.8998**

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**OUR COUNTRY DESERVES BETTER**

Mailing Address PO BOX 984

City State Zip Code  
WILLOWS CA 95968

FEC ID number of contributing federal political committee. **C** C00454074

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 / 27 / 2014

**Transaction ID : SA11AI.9386**

Amount of Each Receipt this Period  
1000.00

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 40 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3801 S WILEY RD

City State Zip Code  
YAKIMA WA 98903

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

Name of Employer Occupation  
TRIUMPH GROUP ENGINEER

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 / 22 / 2014

**Transaction ID : SA11AI.8951**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 412 RD 37

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9027**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 315 FOXTAIL LN

City State Zip Code  
SPRING CITY PA 19475

FEC ID number of contributing federal political committee. **C** C00528307

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 / 31 / 2014

**Transaction ID : SA11AI.9690**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

1200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PAUL GOSAR FOR CONGRESS**

Mailing Address PO BOX 2991

City State Zip Code  
FLORENCE AZ 85132

FEC ID number of contributing federal political committee. **C** C00461806

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 / 27 / 2014

**Transaction ID : SA11AI.9452**

Amount of Each Receipt this Period  
2000.00

DONATION

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

Mailing Address 311 MILLWOOD LN

City State Zip Code  
MESA WA 99343

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

Name of Employer Occupation  
SELF EMPLOYED CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.9650**

Amount of Each Receipt this Period  
50.00

DONATION

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

Mailing Address 1800 RANGER DR

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 / 20 / 2014

**Transaction ID : SA11AI.8987**

Amount of Each Receipt this Period  
300.00

DONATION

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 42 OF 85  
(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. STEPHEN PIDGEON**

Mailing Address 3002 COLBY AVE, STE 306

City State Zip Code  
EVERETT WA 98201

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

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 / 29 / 2014

**Transaction ID : SA11AI.9499**

Amount of Each Receipt this Period  
2600.00

DONATION

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

Mailing Address 199864 GAME FARM RD

City State Zip Code  
KENNEWICK WA 99337

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

Name of Employer Occupation  
RAY POLAND & SONS CONSTRUCTION PRESIDENT

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 / 21 / 2014

**Transaction ID : SA11AI.9039**

Amount of Each Receipt this Period  
1500.00

DONATION

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

Mailing Address 731 MANATEE COVE

City State Zip Code  
VERO BEACH FL 32963

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 / 20 / 2014

**Transaction ID : SA11AI.9443**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ROBERT PUFF Jr.**

Mailing Address 731 MANATEE COVE

City State Zip Code  
VERO BEACH FL 32963

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 / 20 / 2014

**Transaction ID : SA11AI.9441**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 2640 NW 90TH ST

City State Zip Code  
SEATTLE WA 98117

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 / 21 / 2014

**Transaction ID : SA11AI.9414**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 2640 NW 90TH ST

City State Zip Code  
SEATTLE WA 98117

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 / 21 / 2014

**Transaction ID : SA11AI.9415**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms MARILYN 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  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.9403**

Amount of Each Receipt this Period  
 250.00

DONATION

**B.** 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  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9593**

Amount of Each Receipt this Period  
 50.00

DONATION

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

Mailing Address 7721 N CAMPBELL RD

City State Zip Code  
OTIS ORCHARDS WA 99027

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 / 22 / 2014

**Transaction ID : SA11AI.9166**

Amount of Each Receipt this Period  
 100.00

DONATION

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 19 E SAGEMOOR LN

City PASCO State WA Zip Code 99301

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

Name of Employer ROD ROTTINGHAUS FARMS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.9492**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 420 N RD 49

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9013**

Amount of Each Receipt this Period  
225.00

DONATION

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

Mailing Address 420 N RD 49

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) 10/21/14

Election Cycle-to-Date  
1025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9057**

Amount of Each Receipt this Period  
800.00

AUTOGRAPHED FOOTBALL AT FUNDRAISER

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

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

2025.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 420 N RD 49

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  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9122**

Amount of Each Receipt this Period  
775.00

DONATION

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

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9126**

Amount of Each Receipt this Period  
650.00

DONATION

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

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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

Name of Employer RUPP RANCHES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9124**

Amount of Each Receipt this Period  
650.00

DONATION

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

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

2075.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ms ROSA RUPP**

Mailing Address 420 N RD 49

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  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9011**

Amount of Each Receipt this Period  
225.00

DONATION

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

Mailing Address 420 N RD 49

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  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9123**

Amount of Each Receipt this Period  
775.00

DONATION

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

Mailing Address 176 KRANICHWOOD ST

City RICHLAND State WA Zip Code 99352

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.9134**

Amount of Each Receipt this Period  
2000.00

DONATION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 25974 GOLD BEACH DR SW

City State Zip Code  
VASHON WA 98070

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

Name of Employer Occupation  
GOODSTEIN LAW GRP ATTORNEY

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 / 16 / 2014

**Transaction ID : SA11AI.8772**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 44505 W GWINN RD

City State Zip Code  
PROSSER WA 99350

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

Name of Employer Occupation  
BRENT SCHULTHIES FARMS LLC CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.9377**

Amount of Each Receipt this Period  
750.00

DONATION

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

Mailing Address 44505 W GWINN RD

City State Zip Code  
PROSSER WA 99350

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

Name of Employer Occupation  
BRENT SCHULTHIES FARMS LLC CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.9379**

Amount of Each Receipt this Period  
750.00

DONATION

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO BOX 85**

City **HARTLINE** State **WA** Zip Code **99135**

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 / 19 / 2014**

**Transaction ID : SA11AI.8800**

Amount of Each Receipt this Period  
**250.00**

**DONATION**

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

Mailing Address **6010 WYNN JONES RD E**

City **PORT ORCHARD** State **WA** Zip Code **98366**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3962.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9251**

Amount of Each Receipt this Period  
**1362.50**

**DONATION**

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

Mailing Address **6010 WYNN JONES RD E**

City **PORT ORCHARD** State **WA** Zip Code **98366**

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

Name of Employer **THE CAPITOL PROJECT** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3962.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.9252**

Amount of Each Receipt this Period  
**1362.50**

**DONATION**

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

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

**2975.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2103 SUNRISE CT

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer BECHTEL Occupation ENGINEER

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 / 29 / 2014

**Transaction ID : SA11AI.9465**

Amount of Each Receipt this Period  
 400.00

DONATION

**B.** 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  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9635**

Amount of Each Receipt this Period  
 100.00

DONATION

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

Mailing Address 2532 BANYON ST

City RICHLAND State WA Zip Code 99352

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.8991**

Amount of Each Receipt this Period  
 50.00

DONATION

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3403 E LATTIN RD

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer HILINE ENGINEER'NG & FABR'TION Occupation PRESIDENT

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 / 27 / 2014

**Transaction ID : SA11AI.9437**

Amount of Each Receipt this Period  
2600.00

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  
950.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.9206**

Amount of Each Receipt this Period  
50.00

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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.9008**

Amount of Each Receipt this Period  
25.00

DONATION

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

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

2675.00

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

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

FOR LINE NUMBER: PAGE 52 OF 85  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.9766**

Amount of Each Receipt this Period  
 25.00

DONATION

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

Mailing Address 8614 BELL ST

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9009**

Amount of Each Receipt this Period  
 25.00

DONATION

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

Mailing Address 8614 BELL ST

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.9767**

Amount of Each Receipt this Period  
 25.00

DONATION

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**STUTZMAN FOR CONGRESS**

Mailing Address 250 W 600 N

City State Zip Code  
HOWE IN 46746

FEC ID number of contributing federal political committee. **C** C00484683

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 / 31 / 2014

**Transaction ID : SA11AI.9672**

Amount of Each Receipt this Period  
2000.00

DONATION

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

Mailing Address 5522 W COMMANCHE AVE

City State Zip Code  
SPOKANE WA 99208

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  
11 / 01 / 2014

**Transaction ID : SA11AI.9809**

Amount of Each Receipt this Period  
125.00

DONATION

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

Mailing Address 6753 E TILSTRA 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  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.8933**

Amount of Each Receipt this Period  
100.00

DONATION

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

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

2225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6712 W OCTAVE 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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.9576**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

FEC ID number of contributing federal political committee. **C** C00305052

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 / 27 / 2014

**Transaction ID : SA11AI.9388**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 1409 HAINS

City RICHLAND State WA Zip Code 99354

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

Name of Employer PROGRESSIVE SALES, INC Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.9117**

Amount of Each Receipt this Period  
450.00

DONATION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. RONALD WORSHAM</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 2690 ST RD 17		<b>Transaction ID : SA11AI.9433</b>	
City MESA	State WA	Zip Code 99343	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer WORSHAM FARM		Occupation CO-OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms SAUNDRA WORSHAM</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 2690 ST RD 17		<b>Transaction ID : SA11AI.9435</b>	
City MESA	State WA	Zip Code 99343	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer WORSHAM FARM		Occupation CO-OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. BILL YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 2082 GRAND FIR DR		<b>Transaction ID : SA11AI.9812</b>	
City ENUMCLAW	State WA	Zip Code 98022	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE		Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	98025.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mr. WARREN AABERG</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 5416 W UMATILLA AVE			Amount of Each Disbursement this Period 1000.00	
City KENNEWICK	State WA	Zip Code 99336	Transaction ID : SB17.9721	
Purpose of Disbursement COORDINATING TV & RADIO ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACN RADIO NETWORK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address PO BOX 31000			Amount of Each Disbursement this Period 1000.00	
City SPOKANE	State WA	Zip Code 99223	Transaction ID : SB17.9619	
Purpose of Disbursement RADIO ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACTION SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 6855 NE ARNOLD AVE			Amount of Each Disbursement this Period 1570.50	
City ADAIR VILLAGE	State OR	Zip Code 97330	Transaction ID : SB17.9654	
Purpose of Disbursement ROBO CALLS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3570.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

**A. ACTION SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 6855 NE ARNOLD AVE

City ADAIR VILLAGE State OR Zip Code 97330

Purpose of Disbursement ROBO CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 1584.81

Transaction ID : SB17.9817

**B. Ms LYNNE ALFE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

Purpose of Disbursement In-kind - WEB DESIGN SVCES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB17.9730

**C. Ms LYNNE ALFE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4553 244TH PL SE

City ISSAQUAH State WA Zip Code 98029

Purpose of Disbursement WEBSITE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.9735

**SUBTOTAL** of Disbursements This Page (optional) ..... 5184.81

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Mr. MIKE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.9729</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement In-kind - WEB DESIGN SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. MIKE ALFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4553 244TH PL SE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9736</b>
City ISSAQUAH State WA Zip Code 98029	Purpose of Disbursement WEBSITE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLIED LAW FIRM PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 6951 MLK JUNIOR WAY S STE 226		Amount of Each Disbursement this Period 1153.82 <b>Transaction ID : SB17.9785</b>
City SEATTLE State WA Zip Code 98118	Purpose of Disbursement LEGAL SVCES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4753.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.9713</b>
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement ONLINE FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. APPLEBEE'S NEIGHBORHOOD GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 5305 N RD 68		Amount of Each Disbursement this Period 31.01 <b>Transaction ID : SB17.8790</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement BREAKFAST MTG	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. APPLEBEE'S NEIGHBORHOOD GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5305 N RD 68		Amount of Each Disbursement this Period 67.52 <b>Transaction ID : SB17.8961</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement CONSUMABLES & MTG	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. APPLEBEE'S NEIGHBORHOOD GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5305 N RD 68		Amount of Each Disbursement this Period 33.18
City PASCO State WA Zip Code 99301	Purpose of Disbursement MTG & CONSUMABLES	
Candidate Name		Transaction ID : SB17.9084
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. APPLEBEE'S NEIGHBORHOOD GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 5305 N RD 68		Amount of Each Disbursement this Period 49.29
City PASCO State WA Zip Code 99301	Purpose of Disbursement LUNCH & MTG	
Candidate Name		Transaction ID : SB17.9520
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ARS FRESNO TESORO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 4804 N RD 68		Amount of Each Disbursement this Period 76.80
City PASCO State WA Zip Code 99301	Purpose of Disbursement FUEL	
Candidate Name		Transaction ID : SB17.9519
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).....	159.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9737</b>
City SPOKANE VALLEY	State WA	
Zip Code 99206	Purpose of Disbursement ACCT'NG & FILING SVCES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mr. WILLIAM BOULDS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 24928 107TH AVE SE		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.9062</b>
City KENT	State WA	
Zip Code 98030	Purpose of Disbursement In-kind - AUTOGRAPHED FOOTBALL FOR FUNDRAISER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mr. MATT BOWER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 831 ROZA DR		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.8838</b>
City ZILLAH	State WA	
Zip Code 98953	Purpose of Disbursement REIMB FOR RENTAL RM	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CALLAHAN DAIRY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 205		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.9621</b>
City ROYAL CITY	State WA	
Zip Code 99357	Purpose of Disbursement REIMB IN 4TH QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHARTER MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1650 DES PERES RD		Amount of Each Disbursement this Period 2582.30 <b>Transaction ID : SB17.9626</b>
City ST LOUIS	State MO	
Zip Code 63131	Purpose of Disbursement CABLE TV ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHARTER MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1650 DES PERES RD		Amount of Each Disbursement this Period 892.50 <b>Transaction ID : SB17.9710</b>
City ST LOUIS	State MO	
Zip Code 63131	Purpose of Disbursement CABLE TV ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3774.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CLINE COMPUTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2161 VAN GIESEN ST		Amount of Each Disbursement this Period 194.94 <b>Transaction ID : SB17.8823</b>
City RICHLAND State WA Zip Code 99354	Purpose of Disbursement COMPUTER REPAIR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 389.08 <b>Transaction ID : SB17.8770</b>
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement MAIL & INVOICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 444.91 <b>Transaction ID : SB17.9049</b>
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement MAIL & INVOICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1028.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 472.76
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Candidate Name	Transaction ID : SB17.9629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 469.68
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Candidate Name	Transaction ID : SB17.9790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 2.70
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MAIL & INVOICES	Candidate Name	Transaction ID : SB17.9829
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).....	945.14
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. COLUMBIA RIVER MEDIA GRP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1124 N MILLER ST			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.9050</b>
City WENATCHEE	State WA	Zip Code 98801	
Purpose of Disbursement ADVERTISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CONSTANT CONTACT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1601 TRAPELO RD, RESERVOIR RD			Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB17.9244</b>
City WALTHAM	State MA	Zip Code 02451	
Purpose of Disbursement SUBSCRIPTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CRAGG'S EXCAVATING</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 67, 102 N MAIN			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9622</b>
City STEHEKIN	State WA	Zip Code 98852	
Purpose of Disbursement REIMB FM 2ND QTR		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1258.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 46570.98
City SPOKANE State WA Zip Code 99202	Purpose of Disbursement MAILERS	
Candidate Name	Category/Type	Transaction ID : SB17.8787
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 33645.32
City SPOKANE State WA Zip Code 99202	Purpose of Disbursement MAILERS	
Candidate Name	Category/Type	Transaction ID : SB17.8842
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EAGLE NEWSPAPERS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 4901 INDIAN SCHOOL NE RD		Amount of Each Disbursement this Period 450.00
City SALEM State OR Zip Code 97305	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.9716
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).....	80666.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ELTOPIA IRRIGATION, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 2481 E SAGEMOOR RD			Amount of Each Disbursement this Period 350.00	
City PASCO	State WA	Zip Code 99301	Transaction ID : SB17.8818	
Purpose of Disbursement REIMB FM 3RD QTR		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FANGMAN SPRAYING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 2421 LANGFORD RD			Amount of Each Disbursement this Period 500.00	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9738	
Purpose of Disbursement REIMB FM 4TH QTR		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. DAVID FERMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 2104 E PHINNEY BAY DR			Amount of Each Disbursement this Period 500.00	
City BREMERTON	State WA	Zip Code 98312	Transaction ID : SB17.9720	
Purpose of Disbursement SIGNAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

**A. HELP-U-MOVE**

Full Name (Last, First, Middle Initial)  
Mailing Address 3412 N SWALLOW AVE

City PASCO State WA Zip Code 99301

Purpose of Disbursement REIMB FM 4TH QTR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.9046

**B. INSTA STOR INC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1516 W MARINA DR

City MOSES LAKE State WA Zip Code 98837

Purpose of Disbursement REIMB FM 3RD QTR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.8960

**C. JACOBS MEDIA**

Full Name (Last, First, Middle Initial)  
Mailing Address 30300 TELEGRAPH RD, STE 240

City BINGHAM FARMS State MI Zip Code 48025

Purpose of Disbursement 3-STATION RADIO ADS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.9229

**SUBTOTAL** of Disbursements This Page (optional) ..... 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 85		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. KAPP/KVEW</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO 1749		Amount of Each Disbursement this Period 4250.00 <b>Transaction ID : SB17.9400</b>
City YAKIMA	State WA	
Zip Code 98907	Purpose of Disbursement TV ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KCYU TV FOX 41</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3804 KERN WAY, #B		Amount of Each Disbursement this Period 4679.50 <b>Transaction ID : SB17.9077</b>
City YAKIMA	State WA	
Zip Code 98902	Purpose of Disbursement ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. KIMA/KEPR TV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2807 W LEWIS ST		Amount of Each Disbursement this Period 5104.25 <b>Transaction ID : SB17.9513</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement TV ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14033.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. KIMA/KEPR TV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2807 W LEWIS ST		Amount of Each Disbursement this Period 1785.00 <b>Transaction ID : SB17.9786</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement TV ADS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KNAO/KNDU</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3312 W KENNEWICK AVE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.9236</b>
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement TV ADS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KONA AM-FM RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2823 W LEWIS ST		Amount of Each Disbursement this Period 2444.00 <b>Transaction ID : SB17.9233</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement RADIO ADS	
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).....	9229.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. KSEM, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2241 W MAIN ST		Amount of Each Disbursement this Period 1219.50 <b>Transaction ID : SB17.9079</b>
City MOSES LAKE	State WA	
Zip Code 98837	Purpose of Disbursement RADIO ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. L2, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2500 116TH AVE NE		Amount of Each Disbursement this Period 7154.70 <b>Transaction ID : SB17.9517</b>
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement MAILING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. JOHN LEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2600 W 34TH AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.9060</b>
City KENNEWICK	State WA	
Zip Code 99337	Purpose of Disbursement In-kind - COPY OF US CONSTITUTION AT FUNDRAISER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8774.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 82.16	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.8789	
Purpose of Disbursement FUEL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 47.27	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9241	
Purpose of Disbursement FUEL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 59.72	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9623	
Purpose of Disbursement FUEL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.15
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. MR QWIK'S COUNTRY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address PO BOX 8			Amount of Each Disbursement this Period 72.10	
City ELTOPIA	State WA	Zip Code 99330	Transaction ID : SB17.9740	
Purpose of Disbursement FUEL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MS YAKIMA COUNTY SCHOLARSHIP PGM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 8505 GARDEN AVE			Amount of Each Disbursement this Period 250.00	
City YAKIMA	State WA	Zip Code 98908	Transaction ID : SB17.9264	
Purpose of Disbursement PAGEANT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. NATIONAL COLOR GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 5283.91	
City SPOKANE	State WA	Zip Code 99201	Transaction ID : SB17.8841	
Purpose of Disbursement FUNDRAISING LTRS & PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5606.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. NATIONAL COLOR GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 17964.05 <b>Transaction ID : SB17.9811</b>
City SPOKANE	State WA	Zip Code 99201	
Purpose of Disbursement FUNDRAISING MAILING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NATIONAL COLOR GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 25 W BOONE			Amount of Each Disbursement this Period 2171.82 <b>Transaction ID : SB17.9818</b>
City SPOKANE	State WA	Zip Code 99201	
Purpose of Disbursement CAMPAIGN FUNDRAISING MAILING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NCIDATA.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 700 OKOMA DR			Amount of Each Disbursement this Period 940.00 <b>Transaction ID : SB17.9624</b>
City OMAK	State WA	Zip Code 98841	
Purpose of Disbursement BROADCASTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21075.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. NO 9 HAY TRADING CO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2550 HUNGRY JUNCTION RD		Amount of Each Disbursement this Period 1000.00
City ELLENSBURG	State WA	
Zip Code 98926	Purpose of Disbursement REIMB FM 3RD QTR	Transaction ID : SB17.8816
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NOW AMFOUND GEOGRAPHICS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 2906		Amount of Each Disbursement this Period 260.00
City KIRKLAND	State WA	
Zip Code 98083	Purpose of Disbursement PRECINCT ANALYSIS & DOORBELLING	Transaction ID : SB17.9816
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARR LUMBER CO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 2105 N COMMERCIAL AVE		Amount of Each Disbursement this Period 174.85
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement SIGNAGE MATERIAL	Transaction ID : SB17.8767
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).....	1434.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PHIPPS FARMS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1600 RANGER DR		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9047</b>
City MESA	State WA	
Zip Code 99343	Purpose of Disbursement REIMB FM 4TH QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. STEPHEN PIDGEON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3002 COLBY AVE, STE 306		Amount of Each Disbursement this Period 7900.00 <b>Transaction ID : SB17.9569</b>
City EVERETT	State WA	
Zip Code 98201	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. SAM PIMM</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1155 15th St NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.9618</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement CAMPAIGN FUNDRAISING OUT OF STATE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PRESSCATS.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 18219 N LIDGERWOOD			Amount of Each Disbursement this Period 890.87	
City COLBERT	State WA	Zip Code 99005	Transaction ID : SB17.9620	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RADIO TRI-CITIES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 4305 W 24TH AVE, STE 200			Amount of Each Disbursement this Period 1920.00	
City KENNEWICK	State WA	Zip Code 99338	Transaction ID : SB17.9511	
Purpose of Disbursement RADIO ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RADIO YAKIMA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 17 N 3RD ST, #103			Amount of Each Disbursement this Period 985.00	
City YAKIMA	State WA	Zip Code 98901	Transaction ID : SB17.9082	
Purpose of Disbursement RADIO ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3795.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 85			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. RED LION HOTEL PASCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 2520 N 20TH AVE		Amount of Each Disbursement this Period 1135.07
City PASCO State WA Zip Code 99301	Purpose of Disbursement ELECTION NIGHT PARTY	
Candidate Name	Category/Type	Transaction ID : SB17.9799
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RON ASMUS HOMES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2810 W CLEARWATER AVE, STE 102		Amount of Each Disbursement this Period 2500.00
City KENNEWICK State WA Zip Code 99336	Purpose of Disbursement REIMB FM 4TH QTR	
Candidate Name	Category/Type	Transaction ID : SB17.9075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SALT INSTITUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 117		Amount of Each Disbursement this Period 500.00
City NORTHPORT State WA Zip Code 99157	Purpose of Disbursement REIMB IN 4TH QTR	
Candidate Name	Category/Type	Transaction ID : SB17.9323
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).....	4135.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mr. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 18940.16 <b>Transaction ID : SB17.9568</b>
City PORT ORCHARD	State WA	
Zip Code 98366	Purpose of Disbursement REIMB FOR MEDIA ADS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SMI GROUP XII, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1030 BATTELLE BLVD, #102		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.8814</b>
City RICHLAND	State WA	
Zip Code 99354	Purpose of Disbursement REIMB FM 3RD QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. SMI GROUP XV, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1030 BATTELLE BLVD, #102		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.8815</b>
City RICHLAND	State WA	
Zip Code 99354	Purpose of Disbursement REIMB FM 3RD QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23940.16
<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: (check only one)	PAGE 80 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. LARRY STICKNEY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 978 WESTOVER RD			Amount of Each Disbursement this Period 5000.00	
City COLVILLE	State WA	Zip Code 99114	Transaction ID : SB17.9723	
Purpose of Disbursement CAMPAIGN MANAGERIAL FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TOWNSQUARE MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 240 GREENWICH AVE			Amount of Each Disbursement this Period 1978.80	
City GREENWICH	State CT	Zip Code 06830	Transaction ID : SB17.9231	
Purpose of Disbursement RADIO ADS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VALLEY HAY, INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 2870 MIDVALE RD			Amount of Each Disbursement this Period 250.00	
City MABTON	State WA	Zip Code 98935	Transaction ID : SB17.9399	
Purpose of Disbursement REIMB FM 3RD QTR		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7228.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 85			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. VOSSLER MEDIA GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11730 118th Ave NE			Amount of Each Disbursement this Period 540.00 <b>Transaction ID : SB17.9784</b>
City KIRKLAND	State WA	Zip Code 98034	
Purpose of Disbursement WEBSITE	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WALMART SUPERCENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 4820 N RD 68			Amount of Each Disbursement this Period 98.72 <b>Transaction ID : SB17.9518</b>
City PASCO	State WA	Zip Code 99301	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. WALMART SUPERCENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4820 N RD 68			Amount of Each Disbursement this Period 14.19 <b>Transaction ID : SB17.9741</b>
City PASCO	State WA	Zip Code 99301	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	652.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 85	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. WORSHAM FARMS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 2690 ST RT 17		Amount of Each Disbursement this Period <b>1500.00</b>
City MESA State WA Zip Code 99343	Purpose of Disbursement REIMB IN 4TH QTR	
Candidate Name	Category/Type	<b>Transaction ID : SB17.9653</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>218718.69</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 85	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CLINT DIDIER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 157		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB19A.9756</b>
City ELTOPIA State WA Zip Code 99301	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: WA District: 04		

Full Name (Last, First, Middle Initial) <b>B. CLINT DIDIER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 157		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : SB19A.9757</b>
City ELTOPIA State WA Zip Code 99301	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: WA District: 04		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	30000.00

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4244

CLINT DIDIER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

CLINT DIDIER FOR CONGRESS

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 157

City State ZIP Code  
ELTOPIA WA 99301

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

### TERMS

Date Incurred Date Due Interest Rate Secured:  
02 / 25 / 2014 M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

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

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

City	State	ZIP Code
ELTOPIA	WA	99301

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

**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).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ] 0.00

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