

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CLINT DIDIER FOR CONGRESS

ADDRESS (number and street) PO BOX 157
 Check if different than previously reported. (ACC) ELTOPIA WA 99301

2. **FEC IDENTIFICATION NUMBER** C00558502 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
WA 04

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer Ms CHARLOTTE BENJAMIN

Signature of Treasurer Ms CHARLOTTE BENJAMIN *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 26 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CLINT DIDIER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	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)).....	0.00	582028.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3527.49	551452.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	595.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2932.49	551452.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4000.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CLINT DIDIER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	471179.39
(ii) Unitemized.....	0.00	110849.57
(iii) TOTAL of contributions from individuals ▶	0.00	582028.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	582028.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	595.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	595.00	612028.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3527.49	551452.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3527.49	581452.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6932.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	595.00
25. SUBTOTAL (add Line 23 and Line 24).....	7527.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3527.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

Full Name (Last, First, Middle Initial) CHARTER MEDIA		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2014	
Mailing Address 1650 DES PERES RD		Transaction ID : SA14.9864	
City ST LOUIS State MO Zip Code 63131	Amount of Each Receipt this Period _____ 595.00 REIMB FOR OVERPAYT		
FEC ID number of contributing federal political committee. C	Name of Employer _____ Occupation _____		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 595.00		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		_____	
City _____ State _____ Zip Code _____	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C	Name of Employer _____ Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		_____	
City _____ State _____ Zip Code _____	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C	Name of Employer _____ Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 595.00
TOTAL This Period (last page this line number only).....	_____ 595.00

**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 6 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms CHARLOTTE BENJAMIN			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014	
Mailing Address 10024 E HOLMAN RD			Amount of Each Disbursement this Period 1000.00	
City SPOKANE VALLEY	State WA	Zip Code 99206	Transaction ID : SB17.9855	
Purpose of Disbursement CLOSING ACCT'NG & FILING		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. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address 1601 TRAPELO RD, RESERVOIR RD			Amount of Each Disbursement this Period 118.80	
City WALTHAM	State MA	Zip Code 02451	Transaction ID : SB17.9856	
Purpose of Disbursement ONLINE MARKETING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CONSTANT CONTACT			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 1601 TRAPELO RD, RESERVOIR RD			Amount of Each Disbursement this Period 118.80	
City WALTHAM	State MA	Zip Code 02451	Transaction ID : SB17.9870	
Purpose of Disbursement ONLINE MARKETING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1237.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CURTIS CUSTOM LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 8853 LANGFORD RD		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.9869
City MESA	State WA	
Zip Code 99343	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 208.16 Transaction ID : SB17.9851
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement MAINTENANCE & POSTINGS	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) C. US POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 13101 GLADE N RD		Amount of Each Disbursement this Period 238.00 Transaction ID : SB17.9866
City ELTOPIA	State WA	
Zip Code 99330	Purpose of Disbursement CLOSING CAMPAIGN 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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1196.16
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 8 OF 8			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CLINT DIDIER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO BOX 4005			Amount of Each Disbursement this Period 952.48
City ACTON	State GA	Zip Code 30101	
Purpose of Disbursement CELL PHONE SVCE		Category/ Type	Transaction ID : SB17.9850
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.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

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

SUBTOTAL of Disbursements This Page (optional).....	952.48
TOTAL This Period (last page this line number only).....	3386.24