

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 04/01/2014 through 06/30/2014

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

Type or Print Name of Treasurer Ms CHARLOTTE BENJAMIN

Signature of Treasurer Ms CHARLOTTE BENJAMIN [Electronically Filed] Date MM/DD/YYYY 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))....	86728.20	190789.20
(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)) .....	86728.20	190789.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	68928.27	101703.09
(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)).....	68928.27	101703.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	119086.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	30000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CLINT DIDIER FOR CONGRESS**

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

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).....	50975.00	150200.00
(ii) Unitemized.....	35753.20	40589.20
(iii) TOTAL of contributions from individuals ▶	86728.20	190789.20
(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))..	86728.20	190789.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	86728.20	220789.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68928.27	101703.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	68928.27	101703.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	101286.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	86728.20
25. SUBTOTAL (add Line 23 and Line 24).....	188014.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68928.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	119086.11

**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 55
	<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. BRAD BIRDWELL**

Mailing Address 17630 LAKE CYPRESS HILL DR

City State Zip Code  
CYPRESS TX 77429

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

Name of Employer Occupation  
G R BIRDWELL CONSTRUCTION CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2014

**Transaction ID : SA11AI.6148**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** 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  
500.00

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

**Transaction ID : SA11AI.5569**

Amount of Each Receipt this Period  
500.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**Ms SUSAN 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  
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  
06 / 03 / 2014

**Transaction ID : SA11AI.5571**

Amount of Each Receipt this Period  
500.00

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 6 OF 55
	<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. JOHN BUHL</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 1306 SQUIRE CT STE B		<b>Transaction ID : SA11AI.4828</b>	
City State Zip Code STERLINE VA 20166	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	DONATION		
Name of Employer Occupation BUHL ELECTRIC CO IN PRESIDENT	Election Cycle-to-Date 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Ms IRONA CAMPBELL</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 11238 RD T SE		<b>Transaction ID : SA11AI.5709</b>	
City State Zip Code WARDEN WA 98857	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	DONATION		
Name of Employer Occupation NONE HOMEMAKER	Election Cycle-to-Date 300.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Mr. RICHARD CARSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address PO BOX 30000		<b>Transaction ID : SA11AI.6074</b>	
City State Zip Code JACKSON WY 83002	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	DONATION		
Name of Employer Occupation NONE RETIRED	Election Cycle-to-Date 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 7 OF 55
	<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)  
**CASPER FAMILY TRUST**

Mailing Address 1717 N CANAL BLVD

City State Zip Code  
BASIN CITY WA 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.4699**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

Mailing Address 5304 W 8TH AVE

City State Zip Code  
KENNEWICK WA 99336

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4861**

Amount of Each Receipt this Period  
 1500.00

DONATION

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

Mailing Address 2417 HARRIS AVE

City State Zip Code  
RICHLAND WA 99354

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

Name of Employer Occupation  
CHRISTENSEN KING & ASSOCIATES PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5146**

Amount of Each Receipt this Period  
 250.00

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 8 OF 55
	<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. KEITH CHRISTENSEN**

Mailing Address **2417 HARRIS AVE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : SA11AI.6073**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address **1471 GLENWOOD RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.6045**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address **1471 GLENWOOD RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.6043**

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 9 OF 55
	<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)  
**CRAGG'S EXCAVATING**

Mailing Address **PO BOX 67, 102 N MAIN**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period  
**250.00**  
 DONATION - REIMB IN 3RD QTR

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

Mailing Address **8853 LANGFORD 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 **750.00**

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

**Transaction ID : SA11AI.4960**

Amount of Each Receipt this Period  
**750.00**  
 DONATION - REIMB IN 3RD QTR

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

Mailing Address **4951 SELPHLANDING RD**

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

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  
**06 / 04 / 2014**

**Transaction ID : SA11AI.5619**

Amount of Each Receipt this Period  
**500.00**  
 DONATION

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<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. GEORGE DOCKSTADER**

Mailing Address 4951 SELPHLANDING RD

City PASCO State WA Zip Code 99301

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

Name of Employer REALTOR Occupation DESERT HILLS REALTY

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  
 06 / 04 / 2014

**Transaction ID : SA11AI.5617**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 67205 N CANAL DR

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer SUMMIT PHYSICAL THERAPY Occupation PHYSICAL THERAPIST

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.6016**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 9570 MCGLINN DR

City LACONNER State WA Zip Code 98257

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

Name of Employer EBERLE COMM. GROUP Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11AI.6124**

Amount of Each Receipt this Period  
100.00

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 11 OF 55
	<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 EDWARDS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 1063 YAKIMA AVE		<b>Transaction ID : SA11AI.5481</b>	
City PROSSER	State WA	Zip Code 99350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer PROSSER SCHOOL DISTRICT	Occupation EDUCATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		
DONATION			

Full Name (Last, First, Middle Initial) <b>B. Ms JERI LEE ERDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address 330472 CR X		<b>Transaction ID : SA11AI.4822</b>	
City BAYARD	State NE	Zip Code 69334	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
DONATION			

Full Name (Last, First, Middle Initial) <b>C. Mr. TIMOTHY ERDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014	
Mailing Address 330475 CR X		<b>Transaction ID : SA11AI.4824</b>	
City BAYARD	State NE	Zip Code 69334	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
DONATION			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 12 OF 55  
(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. CRAIG GAYLORD**

Mailing Address 115 S 10TH AVE

City PASCO State WA Zip Code 99301

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

Name of Employer FIESTA FOODS Occupation PRESIDENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.5644**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

Mailing Address 3500 S IRBY ST

City KENNEWICK State WA Zip Code 99337

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

Name of Employer GRAVENSLUND OPERATING CO Occupation PRESIDENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.5621**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 801 W COLUMBIA ST

City PASCO State WA Zip Code 99301

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

Name of Employer GRIGGS DEPT STORE Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.5345**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 55  
(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. LAMBERT HANSES**

Mailing Address 171 GEMINI 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2014

**Transaction ID : SA11AI.5082**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 171 GEMINI 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  
375.00

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

**Transaction ID : SA11AI.5893**

Amount of Each Receipt this Period  
125.00

DONATION

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

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2014

**Transaction ID : SA11AI.5076**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 14 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 171 GEMINI DR

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **375.00**

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

**Transaction ID : SA11AI.5894**

Amount of Each Receipt this Period  
**125.00**

DONATION

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

Mailing Address PO BOX 3446

City LACEY State WA Zip Code 98509

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

Name of Employer HANSON MOTORS Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period  
**500.00**

DONATION

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

Mailing Address 960 BLANTON RD

City ELTOPIA State WA Zip Code 99330

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.6083**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

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

**875.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<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. TODD HARRIS**

Mailing Address 960 BLANTON RD

City State Zip Code  
ELTOPIA WA 99330

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.6084**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 1520 DAYTON DR

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 1520 DAYTON DR

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
CIRCLE H FARMS INC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.5328**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
	<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 LABERTA HEIMAN**

Mailing Address 5560 RINGOLD RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11AI.5911**

Amount of Each Receipt this Period  
 300.00

DONATION

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

Mailing Address 6129 DEER ST

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.5409**

Amount of Each Receipt this Period  
 1100.00

DONATION

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

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.4750**

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 17 OF 55
	<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 TINY (VIOLET) HUNTZINGER**

Mailing Address 501 RINGOLD RIVER RD

City MESA State WA Zip Code 99343

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.4748**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 1516 W MARINA DR

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.5202**

Amount of Each Receipt this Period  
400.00

DONATION - REIMB IN 3RD QTR

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

Mailing Address 2601 W J ST

City YAKIMA State WA Zip Code 98902

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  
 05 / 10 / 2014

**Transaction ID : SA11AI.5190**

Amount of Each Receipt this Period  
300.00

DONATION

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<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. JERE IRWIN**

Mailing Address 2601 W J ST

City YAKIMA State WA Zip Code 98902

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 Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.5635**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address 2202 W CLEARWATER AVE

City KENNEWICK State WA Zip Code 99336

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11AI.5400**

Amount of Each Receipt this Period  
**100.00**

DONATION

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

Mailing Address 10216 MAPLE DR

City PASCO State WA Zip Code 99301

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

Name of Employer KGH URGENT CARE EAST Occupation PHYSICIAN

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  
**05 / 18 / 2014**

**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
**250.00**

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 19 OF 55
	<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 CAROL KELTCH**

Mailing Address 605 N RD 54

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.5044**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 605 N RD 54

City PASCO State WA Zip Code 99301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.5042**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 17210 AUBURN-BLACK DIAMOND

City AUBURN State WA Zip Code 98092

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  
 06 / 04 / 2014

**Transaction ID : SA11AI.5804**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 17210 AUBURN-BLACK DIAMOND

City Auburn State WA Zip Code 98092

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  
 06 / 04 / 2014

**Transaction ID : SA11AI.5802**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 46 RD M NE

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.5364**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 46 RD M NE

City MOSES LAKE State WA Zip Code 98837

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

Name of Employer INLAND TARP & COVER CO Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.5366**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1603 S JURUPA ST

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
BENTON COUNTY ORTHOPEDICS PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : SA11AI.5997**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 1603 S JURUPA ST

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
K2 RENTALS LLC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : SA11AI.6000**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 3783 HATLEY RD

City State Zip Code  
EVERSON WA 98247

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  
05 / 05 / 2014

**Transaction ID : SA11AI.5192**

Amount of Each Receipt this Period  
250.00

DONATION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
	<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 POLLY KVAMME**

Mailing Address **3783 HATLEY RD**

City **EVERSON** State **WA** Zip Code **98247**

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  
**05 / 05 / 2014**

**Transaction ID : SA11AI.5194**

Amount of Each Receipt this Period  
**250.00**

**DONATION**

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

Mailing Address **PO BOX 793**

City **AUBURN** State **WA** Zip Code **98071**

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  
**05 / 29 / 2014**

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period  
**500.00**

**DONATION**

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

Mailing Address **PO BOX 602**

City **LAKE JACKSON** State **TX** Zip Code **77566**

FEC ID number of contributing federal political committee. **C C00234641**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.5114**

Amount of Each Receipt this Period  
**1500.00**

**DONATION**

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. SHANE MACAULAY**

Mailing Address 3832 132ND AVE NE

City State Zip Code  
BELLEVUE WA 98005

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

Name of Employer Occupation  
RADIOLOGY CONSULTANTS OF WA PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.5538**

Amount of Each Receipt this Period  
250.00

DONATION

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

Mailing Address 3832 132ND AVE NE

City State Zip Code  
BELLEVUE WA 98005

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

Name of Employer Occupation  
RADIOLOGY CONSULTANTS OF WA PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2014

**Transaction ID : SA11AI.5757**

Amount of Each Receipt this Period  
25.00

DONATION

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

Mailing Address 4500 SHEFFIELD RD

City State Zip Code  
MESA WA 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  
05 / 11 / 2014

**Transaction ID : SA11AI.5391**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<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. KENT MACKAY**

Mailing Address 4500 SHEFFIELD RD

City MESA State WA Zip Code 99343

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

Name of Employer EPPICH GRAIN, INC Occupation TREASURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 11 / 2014

**Transaction ID : SA11AI.5393**

Amount of Each Receipt this Period  
 500.00

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

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

**Transaction ID : SA11AI.4754**

Amount of Each Receipt this Period  
 1000.00

DONATION

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

Mailing Address PO BOX 9292

City SPOKANE State WA Zip Code 99209

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.5625**

Amount of Each Receipt this Period  
 750.00

DONATION

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

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

2250.00



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

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

FOR LINE NUMBER: PAGE 25 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **PO BOX 9292**

City **SPOKANE** State **WA** Zip Code **99209**

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  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.5627**

Amount of Each Receipt this Period  
**750.00**

DONATION

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

Mailing Address **16222 67TH AVE NE**

City **ARLINGTON** State **WA** Zip Code **98223**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.5050**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

Mailing Address **16222 67TH AVE NE**

City **ARLINGTON** State **WA** Zip Code **98223**

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

Name of Employer **ELECTRIC MIRROR** Occupation **VICE 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 Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.5052**

Amount of Each Receipt this Period  
**250.00**

DONATION

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<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)  
**NAGR PAC**

Mailing Address 501 MAIN ST, STE 200

City WINDSOR State CO Zip Code 80550

FEC ID number of contributing federal political committee. **C** C00481200

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.5387**

Amount of Each Receipt this Period  
 5000.00

DONATION

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

Mailing Address 4033 W VAN GIESEN

City WEST RICHLAND State WA Zip Code 99353

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

Name of Employer Occupation  
 SELF EMPLOYED CATERER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4708**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 6808 W 15TH

City KENNEWICK State WA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4550**

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 27 OF 55
	<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 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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : SA11AI.4552**

Amount of Each Receipt this Period  
250.00

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  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.6095**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address 4710 WERNETT RD

City State Zip Code  
PASCO WA 99301

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

Name of Employer Occupation  
PROFESSIONAL PAINT SUPPLY INC VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : SA11AI.5108**

Amount of Each Receipt this Period  
500.00

DONATION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
	<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. JOSEPH PAULY</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 311 MILLWOOD LN		<b>Transaction ID : SA11AI.4907</b>	
City MESA	State WA	Zip Code 99343	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF EMPLOYED	Occupation CONTRACTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Mr. JOSEPH PAULY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 311 MILLWOOD LN		<b>Transaction ID : SA11AI.5479</b>	
City MESA	State WA	Zip Code 99343	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation CONTRACTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>Mr. JOSEPH PAULY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 311 MILLWOOD LN		<b>Transaction ID : SA11AI.5932</b>	
City MESA	State WA	Zip Code 99343	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer SELF EMPLOYED	Occupation CONTRACTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 29 OF 55
	<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. JOSEPH PAULY**

Mailing Address 311 MILLWOOD LN

City MESA State WA Zip Code 99343

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.6138**

Amount of Each Receipt this Period  
**50.00**

DONATION

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

Mailing Address 104903 E 1045 PR SE

City KENNEWICK State WA Zip Code 99338

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

Name of Employer BENTON FRANKLIN ORTHOPEDICS Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.6022**

Amount of Each Receipt this Period  
**1000.00**

DONATION

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

Mailing Address 81 DUSTY RD

City PASCO State WA Zip Code 99301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11AI.6236**

Amount of Each Receipt this Period  
**500.00**

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 30 OF 55
	<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) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 317 MASSACHUSETTS AVENUE, NE 1ST FLOOR		Transaction ID : SA11AI.6118
City WASHINGTON	State DC Zip Code 20002	
FEC ID number of contributing federal political committee.	C C00343137	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	DONATION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Ms RELLA REIMANN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 111 MCCLENNY RD		Transaction ID : SA11AI.5350
City PASCO	State WA Zip Code 99301	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer T & R FARMS, INC	Occupation CO-OWNER	DONATION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>RONALD REIMANN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 111 MCCLENNY RD		Transaction ID : SA11AI.5353
City PASCO	State WA Zip Code 99301	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer T & R FARMS, INC	Occupation CO-OWNER	DONATION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 31 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 11701 RD 170

City State Zip Code  
BASIN CITY WA 99343

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

Name of Employer Occupation  
GRETCHEN SCHREINER TRANSPORT OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5944**

Amount of Each Receipt this Period  
500.00

DONATION

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

Mailing Address 8585 NW COPELAND ST

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5826**

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 8685 NW COPELAND ST

City State Zip Code  
PORTLAND OR 97229

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

Name of Employer Occupation  
SHAVER TRANSPORTATION PRESIDENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5824**

Amount of Each Receipt this Period  
1000.00

DONATION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 55  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

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

Mailing Address 27406 S 816 PR SE

City State Zip Code  
KENNEWICK WA 99338

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  
1300.00

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

**Transaction ID : SA11AI.5901**

Amount of Each Receipt this Period  
 1300.00

DONATION

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

Mailing Address 27406 S 816 PR SE

City State Zip Code  
KENNEWICK WA 99338

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

Name of Employer Occupation  
MKS INC PS OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1300.00

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

**Transaction ID : SA11AI.5900**

Amount of Each Receipt this Period  
 1300.00

DONATION

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

Mailing Address 5609 80TH AVE SE

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
SIMPERMAN-CORETTE FOUNDATION CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 06 / 2014

**Transaction ID : SA11AI.4776**

Amount of Each Receipt this Period  
 500.00

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 33 OF 55
	<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 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period  
 300.00

DONATION

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

Mailing Address PO BOX 1307

City WILSON State WY Zip Code 83014

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

Name of Employer HORTON S SPITZER Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.6150**

Amount of Each Receipt this Period  
 1500.00

DONATION

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

Mailing Address PO BOX 1307

City WILSON State WY Zip Code 83014

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.6152**

Amount of Each Receipt this Period  
 1500.00

DONATION

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

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

3300.00

**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 55
	<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. L PAUL STANGELAND Jr.**

Mailing Address 70 RIVERSHORE DR

City PASCO State WA Zip Code 99301

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

Name of Employer 3 RIVERS POTATO SERVICE, INC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.5613**

Amount of Each Receipt this Period  
 2600.00

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

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

**Transaction ID : SA11AI.5189**

Amount of Each Receipt this Period  
 25.00

DONATION

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

Mailing Address 6753 E TILSTRA RD

City BENTON CITY State WA Zip Code 99320

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.5969**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

2875.00

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

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

FOR LINE NUMBER: PAGE 35 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1675.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.5536**

Amount of Each Receipt this Period  
**375.00**

DONATION

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

Mailing Address 6001 S THORP HWY

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1675.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.5537**

Amount of Each Receipt this Period  
**375.00**

DONATION

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

Mailing Address 2870 MIDVALE RD

City State Zip Code  
MABTON WA 98935

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : SA11AI.5257**

Amount of Each Receipt this Period  
**250.00**

DONATION - REIMB 3RD QTR

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55
	<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. VICTOR VAN DAMME**

Mailing Address 5113 PATRICIA AVE

City LAS VEGAS State NV Zip Code 89130

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11AI.4818**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address 601 LINCOLN CT

City PROSSER State WA Zip Code 99350

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.5461**

Amount of Each Receipt this Period  
 300.00

DONATION

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

Mailing Address 285573 US HWY 101

City QUILCENE State WA Zip Code 98376

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  
 06 / 02 / 2014

**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
 250.00

DONATION

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

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

800.00

**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 55
	<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. JEFF ZARO**

Mailing Address 10 CLARK RD

City PASCO State WA Zip Code 99301

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

Name of Employer OLBERDING SEED Occupation SEED DEALER

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  
 04 / 03 / 2014

**Transaction ID : SA11AI.4711**

Amount of Each Receipt this Period  
 250.00

DONATION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

50975.00

**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 38 OF 55		
	<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 04 / 02 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4737</b>
City SPOKANE VALLEY	State WA Zip Code 99206	
Purpose of Disbursement APR & MAY 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms CHARLOTTE BENJAMIN</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 10024 E HOLMAN RD		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5746</b>
City SPOKANE VALLEY	State WA Zip Code 99206	
Purpose of Disbursement ACCT'NG & FILING JUN & JUL	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BENTON COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 7620 W 21ST AVE		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : SB17.5136</b>
City KENNEWICK	State WA Zip Code 99338	
Purpose of Disbursement LINCOLN DAY FEE	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3260.00
<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 39 OF 55	
	<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. CHELAN COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address PO BOX 764		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4964</b>
City WENATCHEE	State WA	
Zip Code 98807	Purpose of Disbursement LINCOLN DAY FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHEVRON RITZVILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 101 W GALBREATH WAY		Amount of Each Disbursement this Period 91.06 <b>Transaction ID : SB17.5936</b>
City RITZVILLE	State WA	
Zip Code 99169	Purpose of Disbursement FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CLINE COMPUTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2161 VAN GIESEN ST		Amount of Each Disbursement this Period 243.66 <b>Transaction ID : SB17.5133</b>
City RICHLAND	State WA	
Zip Code 99354	Purpose of Disbursement COMPUTER REPAIR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	684.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 55	
	<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 BASIN HERALD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 813 W 3RD AVE		Amount of Each Disbursement this Period 203.30 <b>Transaction ID : SB17.5323</b>
City MOSES LAKE	State WA	
Zip Code 98837	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DESERT HILLS REALTY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 6119 BURDEN BLVD, STE A		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5489</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement REIMB FM 1ST QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DIRECT MAIL ENTERPRISES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 1906.09 <b>Transaction ID : SB17.4722</b>
City SPOKANE	State WA	
Zip Code 99202	Purpose of Disbursement MAILERS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3109.39
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55			
	<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 06 / 09 / 2014
Mailing Address 812 N NAPA		Amount of Each Disbursement this Period 2869.31
City SPOKANE	State WA Zip Code 99202	
Purpose of Disbursement 2ND MAILER	Candidate Name	Transaction ID : SB17.5744
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. EAGLE NEWSPAPERS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 4901 INDIAN SCHOOL NE RD		Amount of Each Disbursement this Period 662.50
City SALEM	State OR Zip Code 97305	
Purpose of Disbursement ADVERTISING	Candidate Name	Transaction ID : SB17.5922
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. GRIGG ENTERPRISES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 801 WEST COLUMBIA		Amount of Each Disbursement this Period 1000.00
City PASCO	State WA Zip Code 99301	
Purpose of Disbursement REIMB FM 1ST QTR	Candidate Name	Transaction ID : SB17.5159
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).....	4531.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 55	
	<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. JANITORIAL EXCELLENCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 590 GARFIELD RD		Amount of Each Disbursement this Period 613.78
City ELTOPIA	State WA Zip Code 99330	
Purpose of Disbursement OFFICE CLEANING	Candidate Name	Transaction ID : SB17.5287
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. JFT CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 9129 ACADIA PARK DR		Amount of Each Disbursement this Period 3500.00
City BRISTOW	State VA Zip Code 20136	
Purpose of Disbursement FUNDRAISING STRATEGY CONSULTANT	Candidate Name	Transaction ID : SB17.6174
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. MERCHANT E-SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102		Amount of Each Disbursement this Period 400.32
City REDWOOD CITY	State CA Zip Code 94065	
Purpose of Disbursement PROCESSING FEE	Candidate Name	Transaction ID : SB17.5154
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).....	4514.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 55	
	<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. MERCHANT E-SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3600 BRIDGE PKWY STE 102		Amount of Each Disbursement this Period 145.17 <b>Transaction ID : SB17.5427</b>
City REDWOOD CITY State CA Zip Code 94065	Purpose of Disbursement ONLINE FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MKS INC PS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 27406 S 816 PR SE		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.5491</b>
City KENNEWICK State WA Zip Code 99338	Purpose of Disbursement REIMB FM 1ST QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 843.51 <b>Transaction ID : SB17.4724</b>
City SPOKANE State WA Zip Code 99201	Purpose of Disbursement PRINTING FUNDRAISING LTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3588.68
<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 44 OF 55	
	<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 06 / 05 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 1327.23 <b>Transaction ID : SB17.5487</b>
City SPOKANE State WA Zip Code 99201	Purpose of Disbursement FUNDRAISING LTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL COLOR GRAPHICS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 25 W BOONE		Amount of Each Disbursement this Period 2533.79 <b>Transaction ID : SB17.5740</b>
City SPOKANE State WA Zip Code 99201	Purpose of Disbursement FUNDRAISING MAILING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 226.31 <b>Transaction ID : SB17.5155</b>
City KENNEWICK State WA Zip Code 99336	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4087.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55			
	<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. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 275.22 <b>Transaction ID : SB17.6069</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 55.23 <b>Transaction ID : SB17.6125</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 20.57 <b>Transaction ID : SB17.6128</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.22
<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 46 OF 55			
	<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. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 6815 W CANAL DR		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.6173</b>
City KENNEWICK	State WA	
Zip Code 99336	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PARR LUMBER CO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2105 N COMMERCIAL AVE		Amount of Each Disbursement this Period 139.00 <b>Transaction ID : SB17.6135</b>
City PASCO	State WA	
Zip Code 99301	Purpose of Disbursement SIGNS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PRESSCATS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 18219 N LIDGERWOOD		Amount of Each Disbursement this Period 1570.72 <b>Transaction ID : SB17.5490</b>
City COLBERT	State WA	
Zip Code 99005	Purpose of Disbursement SIGNS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1954.72
<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 47 OF 55	
	<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. ROD ROTTINGHAUS FARMS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 19 E SAGEMOOR LN		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6068</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement REIMB FM 1ST QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHAVER CONSTRUCTION COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 4900 NW FRONT AVE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5741</b>
City PORTLAND State OR Zip Code 97296	Purpose of Disbursement REIMB FM 1ST QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.9889</b>
City PORT ORCHARD State WA Zip Code 98366	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<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 48 OF 55	
	<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 05 / 13 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 4200.00 <b>Transaction ID : SB17.5285</b>
City PORT ORCHARD	State WA	
Zip Code 98366	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. DOUGLAS SIMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 6010 WYNN JONES RD E		Amount of Each Disbursement this Period 6337.00 <b>Transaction ID : SB17.5431</b>
City PORT ORCHARD	State WA	
Zip Code 98366	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. LARRY STICKNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 978 WESTOVER RD		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4729</b>
City COLVILLE	State WA	
Zip Code 99114	Purpose of Disbursement CAMPAIGN MANAGERIAL FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15537.00
<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 49 OF 55			
	<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 05 / 06 / 2014
Mailing Address 978 WESTOVER RD		Amount of Each Disbursement this Period 5410.60 <b>Transaction ID : SB17.6279</b>
City COLVILLE State WA Zip Code 99114	Purpose of Disbursement CAMPAIGN MANAGERIAL FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. LARRY STICKNEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 978 WESTOVER RD		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.5456</b>
City COLVILLE State WA Zip Code 99114	Purpose of Disbursement CAMPAIGN MANAGERIAL FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. T &amp; R FARMS, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1120 KLUNDT RD		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5135</b>
City PASCO State WA Zip Code 99301	Purpose of Disbursement REIMB FM 1ST QTR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10910.60
<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 50 OF 55			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

**A. THE STEAKHOUSE AT MOSES POINT**

Full Name (Last, First, Middle Initial)  
Mailing Address 4524 WESTSHORE DR NE

City MOSES LAKE State WA Zip Code 98837

Purpose of Disbursement  
CONSUMABLES & REFRESHMENTS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 369.00

Transaction ID : SB17.5433

**B. TRI-CITY HERALD**

Full Name (Last, First, Middle Initial)  
Mailing Address 333 W CANAL DR

City KENNEWICK State WA Zip Code 99336

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 349.81

Transaction ID : SB17.5920

**C. TRI-CITY HERALD**

Full Name (Last, First, Middle Initial)  
Mailing Address 333 W CANAL DR

City KENNEWICK State WA Zip Code 99336

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 126.00

Transaction ID : SB17.5926

**SUBTOTAL** of Disbursements This Page (optional) ..... 844.81

**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 51 OF 55		
	<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. US POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 13101 GLADE N RD		Amount of Each Disbursement this Period 6 0 0 0 . 0 0 154.00
City ELTOPIA	State WA Zip Code 99330	
Purpose of Disbursement POSTAGE	Category/Type	<b>Transaction ID : SB17.6171</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO BOX 4005		Amount of Each Disbursement this Period 3 3 0 . 3 9 330.39
City ACTON	State GA Zip Code 30101	
Purpose of Disbursement CELL PHONE SVE	Category/Type	<b>Transaction ID : SB17.6129</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART SUPERCENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 4820 N RD 68		Amount of Each Disbursement this Period 1 3 0 . 2 8 130.28
City PASCO	State WA Zip Code 99301	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	<b>Transaction ID : SB17.5992</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	614.67
<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 52 OF 55	
	<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. WASHINGTON SECRETARY OF STATE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address LEGISLATIVE BLDG, PO BOX 40220		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.5264</b>
City OLYMPIA State WA Zip Code 98504	Purpose of Disbursement FILING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WE PHONE HOMES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 6510 FLOYD ST		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4740</b>
City LANSING State MI Zip Code 48911	Purpose of Disbursement SURVEY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WE PHONE HOMES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 6510 FLOYD ST		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.5752</b>
City LANSING State MI Zip Code 48911	Purpose of Disbursement SURVEY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5740.00
<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 53 OF 55	
	<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. WESTERN STATES FIRE INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 956 ADAMS RD N		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5738</b>
City QUINCY	State WA	
Zip Code 98848	Purpose of Disbursement REIMB FM 1ST QTR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. DERRAL WHITE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 2146 HERITAGE WAY		Amount of Each Disbursement this Period 520.87 <b>Transaction ID : SB17.5742</b>
City ADDY	State WA	
Zip Code 99101	Purpose of Disbursement SIGNAGE & FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. YAKIMA HERALD REPUBLIC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 114 N 4TH ST		Amount of Each Disbursement this Period 318.60 <b>Transaction ID : SB17.5924</b>
City YAKIMA	State WA	
Zip Code 98901	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1839.47
<b>TOTAL</b> This Period (last page this line number only).....	65992.52

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

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

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

City	State	ZIP Code
ELTOPIA	WA	99301

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

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

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

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

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

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

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

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

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

City	State	ZIP Code
ELTOPIA	WA	99301

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

**TERMS**

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

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

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

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

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