

# 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  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

ADDRESS (number and street) 8951 BONITA BEACH RD STE 525-V2014  
 Check if different than previously reported. (ACC) BONITA SPRINGS FL 34135

2. **FEC IDENTIFICATION NUMBER** C C00554972 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 19

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

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

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 2016

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 MARK BREBBERMAN

Signature of Treasurer MARK BREBBERMAN [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2016

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

**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="41591.55"/>	<input type="text" value="397065.23"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="5000.00"/>	<input type="text" value="6500.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="36591.55"/>	<input type="text" value="390565.23"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="36522.26"/>	<input type="text" value="227822.70"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="2550.44"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="36522.26"/>	<input type="text" value="225272.26"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="208196.26"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="3825000.00"/>	

**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

**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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).....	40691.55	361424.93
(ii) Unitemized.....	900.00	30140.30
(iii) TOTAL of contributions from individuals ▶	41591.55	391565.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41591.55	397065.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	2550.44
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)..... ▶	41591.55	399615.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36522.26	227822.70
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 .....	5000.00	6500.00
(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)).....	5000.00	6500.00
21. OTHER DISBURSEMENTS .....	0.00	10500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	41522.26	244822.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	208126.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41591.55
25. SUBTOTAL (add Line 23 and Line 24).....	249718.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41522.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	208196.26

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

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

FOR LINE NUMBER: PAGE 5 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE G BEASLEY**

Mailing Address 10 16TH AVE. S.

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
BEASLEY BROADCAST GROUP CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 16 2016**

**Transaction ID : SA11AI.10177**

Amount of Each Receipt this Period  
**1700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY W BEASLEY**

Mailing Address 10 16TH AVE. S.

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 16 2016**

**Transaction ID : SA11AI.10176**

Amount of Each Receipt this Period  
**800.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS A CALVANESE**

Mailing Address 5555 HERON POINT DRIVE  
PH 1

City State Zip Code  
NAPLES FL 34108

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 27 2016**

**Transaction ID : SA11AI.10164**

Amount of Each Receipt this Period  
**300.00**

Memo Item

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

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

**2800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS A CALVANESE**

Mailing Address 5555 HERON POINT DRIVE  
PH 1

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10165**

Amount of Each Receipt this Period  
700.00

Memo Item

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

Mailing Address 8813 TAMIAMI TRAIL, EAST

City NAPLES State FL Zip Code 34113

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

Name of Employer NURSING NETWORK Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11AI.10147**

Amount of Each Receipt this Period  
1200.00

Memo Item

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

Mailing Address 8813 TAMIAMI TRAIL, EAST

City NAPLES State FL Zip Code 34113

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

Name of Employer NURSING NETWORK Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11AI.10148**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOE B COX**

Mailing Address 1185 IMMOKALEE ROAD  
SUITE 110

City State Zip Code  
NAPLES FL 34110

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

Name of Employer Occupation  
AKERMAN ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

**Transaction ID : SA11AI.10161**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 207 CHERRY HILL DRIVE

City State Zip Code  
PRESTO PA 15142

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

**Transaction ID : SA11AI.10158**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 13111 GRAY HERON DRIVE

City State Zip Code  
NORTH FORT MYERS FL 33903

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

Name of Employer Occupation  
CAPE COD AREA SERVICE COMMITTEE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11AI.10245**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 8 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JILL LYNN DUNN**

Mailing Address 1339 NOBLE HERON WAY

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10160**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN S FISHMAN**

Mailing Address 3243 GIN LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016

**Transaction ID : SA11AI.10138**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHRISTINE R FLYNN**

Mailing Address 3801 FORT CHARLES DRIVE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10166**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LAMAR GABLE**

Mailing Address 2600 GOLDEN GATE PARKWAY

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
BARRON COLLIER COMPANIES PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.10229**

Amount of Each Receipt this Period  
 1750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY A HEITMANN**

Mailing Address 2350 FORREST LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
SELF-EMPLOYED DOCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11AI.10150**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MS. DONNA G KELLER**

Mailing Address 2600 GOLDEN GATE PARKWAY

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
SELF-EMPLOYED ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.10227**

Amount of Each Receipt this Period  
 1750.00

Memo Item

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

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

3750.00

**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 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LAIRD A LILE**

Mailing Address 3033 RIVIERA DRIVE  
SUITE 104

City NAPLES State FL Zip Code 34103

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10169**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 3033 RIVIERA DRIVE  
SUITE 104

City NAPLES State FL Zip Code 34103

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.10241**

Amount of Each Receipt this Period  
4800.00

Memo Item  
EXCESS REFUNDED 1/28/16

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

Mailing Address 5931 BARCLAY LANE

City NAPLES State FL Zip Code 34110

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

Name of Employer RETIRED Occupation RETIRED - NUCLEAR ENERGY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2016

**Transaction ID : SA11AI.10153**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 43  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN MAIER**

Mailing Address 225 COVE LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11A1.10167**

Amount of Each Receipt this Period  
**1900.00**

Memo Item

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

Mailing Address 225 COVE LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11A1.10156**

Amount of Each Receipt this Period  
**200.00**

Memo Item

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

Mailing Address 225 COVE LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11A1.10168**

Amount of Each Receipt this Period  
**2900.00**

Memo Item

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

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

**5000.00**

**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 43  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL MAIER**

Mailing Address 225 COVE LANE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2016**

**Transaction ID : SA11AI.10242**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
EXCESS REFUNDED 1/28/16

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

Mailing Address 3530 KRAFT ROAD  
SUITE 204

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
MANHATTAN CONSTRUCTION CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2291.55**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2016**

**Transaction ID : SA11AI.10246**

Amount of Each Receipt this Period  
**2291.55**

Memo Item  
IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

Mailing Address 21 LILAC LANE

City State Zip Code  
PRINCETON NJ 08540

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

Name of Employer Occupation  
LAZARD FRERES & CO MANAGING DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.10243**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3291.55**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. FAHADA SAAD**

Mailing Address 1915 COCOPLUM WAY

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
PREMIER SOTHEBY'S INTERNATIONAL REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

**Transaction ID : SA11AI.10152**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 5710 DOGWOOD WAY

City State Zip Code  
NAPLES FL 34116

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

Name of Employer Occupation  
GRAY ROBINSON GOVERNMENTAL RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10163**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address PO BOX 8237

City State Zip Code  
NAPLES FL 34101

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

Name of Employer Occupation  
CARDIO-IMAGING OF NAPLES, INC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10162**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**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 14 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BONNIE SEALEY**

Mailing Address 23345 OLDE MEADOWBROOK CIRCLE

City	State	Zip Code
BONITA SPRINGS	FL	34134

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.10172**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 791 106TH AVE. N

City	State	Zip Code
NAPLES	FL	34108

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10155**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY M STONIS**

Mailing Address 370 BOW LINE BND.

City	State	Zip Code
NAPLES	FL	34103

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

Name of Employer	Occupation
CARDOLITE CORPORATION	PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.10224**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KERMIT S SUTTON**

Mailing Address 715 TENTH STREET SOUTH

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
SUTTON COMPANY PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA11AI.10170**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 2600 GOLDEN GATE PARKWAY

City State Zip Code  
NAPLES FL 34105

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

Name of Employer Occupation  
BARRON COLLIER COMPANIES DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.10231**

Amount of Each Receipt this Period  
 1750.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ERIC D WEINBERGER**

Mailing Address 14189 CALOOSA BLVD.

City State Zip Code  
WEST PALM BEACH FL 33418

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

Name of Employer Occupation  
COLUMNNA, INC. ADMINISTRATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11AI.10146**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 43  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN RAY WHEELER**

Mailing Address 4980 RUSTIC OAKS CIRCLE

City NAPLES State FL Zip Code 34105

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

Name of Employer LEE MEMORIAL HEALTH Occupation PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 08 / 2016**

**Transaction ID : SA11Al.10174**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

**250.00**

**40691.55**

**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 17 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ADVICTORY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 190 MONROE AVENUE STE 500		Amount of Each Disbursement this Period 3900.00
City GRAND RAPIDS	State MI Zip Code 49503	
Purpose of Disbursement PLACED MEDIA	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.10216</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DANIELLE ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 2185 MALIBU LAKE CIRCLE APT 1236		Amount of Each Disbursement this Period 72.80
City NAPLES	State FL Zip Code 34119	
Purpose of Disbursement TRAVEL: MILEAGE	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.10181</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DANIELLE ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 2185 MALIBU LAKE CIRCLE APT 1236		Amount of Each Disbursement this Period 564.00
City NAPLES	State FL Zip Code 34119	
Purpose of Disbursement REIMBURSEMENTS: SEE MEMOS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.10182</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4536.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DANIELLE ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 2185 MALIBU LAKE CIRCLE APT 1236		Amount of Each Disbursement this Period 600.00
City NAPLES State FL Zip Code 34119	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10183</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DANIELLE ANDERSON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 2185 MALIBU LAKE CIRCLE APT 1236		Amount of Each Disbursement this Period 600.00
City NAPLES State FL Zip Code 34119	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10184</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 300 FIRST ST., SE		Amount of Each Disbursement this Period 254.25
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10180</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1454.25
<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 19 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 300 FIRST ST., SE		Amount of Each Disbursement this Period 101.19
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MEETING EXPENSE: MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10234</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COLLIER COUNTY REPUBLICAN WOMEN'S FEDERATED CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 2620 TIBURON DRIVE		Amount of Each Disbursement this Period 25.00
City NAPLES	State FL	
Zip Code 34109	Purpose of Disbursement ANDERSON REIMBURSEMENT: EVENT REGISTRATION FEE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10210</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HIDEAWAY BEACH CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 250 SOUTH BEACH		Amount of Each Disbursement this Period 81.09
City MARCO ISLAND	State FL	
Zip Code 34145	Purpose of Disbursement MEETING EXPENSE: MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10186</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.28
<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 20 OF 43			
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 561.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement EVENT STAGING EXPENSE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10187</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 150.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement EVENT STAGING EXPENSE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10188</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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. FRED PEZESHKAN</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 3530 KRAFT ROAD SUITE 204		Amount of Each Disbursement this Period 2291.55
City NAPLES	State FL	
Zip Code 34105	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10247</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3002.55
<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 21 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PRESSTIGE PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 357.22
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10190</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PRESSTIGE PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 350.86
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10191</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PRESSTIGE PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 118.72
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10192</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	826.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43			
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 2403.88		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type			
Candidate Name		Transaction ID : <b>SB17.10193</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 2419.79		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type			
Candidate Name		Transaction ID : <b>SB17.10194</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 2400.00		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type			
Candidate Name		Transaction ID : <b>SB17.10221</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7223.67
<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 23 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 111.25
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10222</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCM ASSOCIATES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 1283 MAIN ST.		Amount of Each Disbursement this Period 3275.63
City DUBLIN State NH Zip Code 03444	Category/Type	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10195</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHIFMAN &amp; CARLSON, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 34705 WEST TWELVE MILE ROAD SUITE 160		Amount of Each Disbursement this Period 234.50
City FARMINGTON HILLS State MI Zip Code 48331	Category/Type	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10196</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3621.38
<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 24 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE SIMMONS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 4900.00
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10197</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE SIMMONS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 4900.00
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10198</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE SIMMONS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 4900.00
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10239</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14700.00
<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 25 OF 43			
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 8951 BONITA BEACH ROAD SUITE 525		Amount of Each Disbursement this Period 10.92
City BONITA SPRINGS State FL Zip Code 34135	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10199</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 190 MONROE AVENUE NW STE. 500		Amount of Each Disbursement this Period 346.50
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10200</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 190 MONROE AVENUE NW STE. 500		Amount of Each Disbursement this Period 2.25
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10201</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	359.67
<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 26 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 190 MONROE AVENUE NW STE. 500		Amount of Each Disbursement this Period 48.37
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10202</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 190 MONROE AVENUE NW STE. 500		Amount of Each Disbursement this Period 135.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10203</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 190 MONROE AVENUE NW STE. 500		Amount of Each Disbursement this Period 4.50
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.10204</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	187.87
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 43	
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 9071 BONITA BEACH RD SE		Amount of Each Disbursement this Period 294.00
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement ANDERSON REIMBURSEMENT: POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10212</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 7770 PRESERVE LANE		Amount of Each Disbursement this Period 245.00
City NAPLES	State FL	
Zip Code 34119	Purpose of Disbursement ANDERSON REIMBURSEMENT: POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10214</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 26150 OLD 41 RD.		Amount of Each Disbursement this Period 6.45
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.10205</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.45
<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 28 OF 43			
	<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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 26150 OLD 41 RD.			Amount of Each Disbursement this Period 6.45		
City BONITA SPRINGS	State FL	Zip Code 34135	Memo Item <input type="checkbox"/>		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.10223</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016		
Mailing Address 26150 OLD 41 RD.			Amount of Each Disbursement this Period 6.45		
City BONITA SPRINGS	State FL	Zip Code 34135	Memo Item <input type="checkbox"/>		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.10235</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.90
<b>TOTAL</b> This Period (last page this line number only).....	36114.62

**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 29 OF 43			
	<input type="checkbox"/> 17 <input checked="" 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)  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LAIRD A LILE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 3033 RIVIERA DRIVE SUITE 104		Amount of Each Disbursement this Period 4800.00
City NAPLES	State FL Zip Code 34103	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB20A.10217</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. MR. RUSSELL MAIER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 225 COVE LANE		Amount of Each Disbursement this Period 200.00
City NAPLES	State FL Zip Code 34102	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB20A.10218</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5801**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 01	D 24	Y 2014	M M / D D / Y 12/31/2014	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).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5803**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 04 / Y 2014	M / D / Y 12/31/2014		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).....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5804**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	02 / 11 / 2014	12/31/2014	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).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5805**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 18 / Y 2014	M / D / Y 12/31/2014			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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="300000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5806**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350000.00	0.00	350000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	02 / 25 / 2014	12/31/2014	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).....	▶	350000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5807

**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

Memo Item

**CURTIS J CLAWSON**

Election: 2014

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD.  
STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

03 / 04 / 2014

Date Due

12/31/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

250000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5808**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 11	Y 2014	M M / D D / Y 12/31/2014	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).....	▶	300000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5809  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014		

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 17 / Y 2014	M M / D D / Y 12/31/2014	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="300000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5810

**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

Memo Item

**CURTIS J CLAWSON**

Election: 2014

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD.  
STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000.00

0.00

300000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

24

2014

12/31/2014

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

300000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5811

**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

Memo Item

**CURTIS J CLAWSON**

Election: 2014

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD.  
STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000.00

0.00

300000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 /

D 02 /

Y 2014 Y

M /

D /

Y 12/31/2014 Y

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

300000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6205**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**CURTIS J CLAWSON**

Mailing Address  
 8951 BONITA BEACH RD.  
 STE 525-V2014

Election: 2014  
 Primary  
 General  
 Other (specify) **Special-Primary**

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750000.00	0.00	750000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 11 / 2014	12/31/2014	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="750000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6206**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>CURTIS J CLAWSON</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014	

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 30 / Y 2014	M M / D D / Y 12/31/2014	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)  Mailing Address  City State ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code	Name of Employer  Occupation  Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<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) **Transaction ID : SC/10.6207**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>CURTIS J CLAWSON</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014	

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
225000.00	0.00	225000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 03 / Y 2014	M / D / Y 12/31/2014			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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="225000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7288**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>CURTIS J CLAWSON</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014	

City	State	ZIP Code
BONITA SPRINGS	FL	34135

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	0.00	175000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 07 / D 14 / Y 2014	M / D / Y 12/31/2014	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="175000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text" value="3825000.00"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	