

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Curt Clawson - The Outsider for Congress Committee

ADDRESS (number and street)

8951 Bonita Beach Road

Suite 525 - V 2014

(Check if address  
is changed)

Bonita Springs

FL

34135

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

admin@curtclawson.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.curtclawson.com

2. DATE

01 / 13 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement 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 A Brebberman

Date

01 / 13 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

14031153855

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Curtis J. Clawson

Candidate Party Affiliation REP. Office Sought:  House  Senate  President State FL District 19

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

14031153856

Write or Type Committee Name

Curt Clawson - The Outsider for Congress Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Peter Simmons

Mailing Address 8951 Bonita Beach Road

Suite 525 - V 2014

Bonita Springs FL 34135

Title or Position CITY STATE ZIP CODE

Campaign Manager Telephone number 239 - 260 - 4711

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mark Brebberman

Mailing Address 8951 Bonita Beach Road

Suite 525 - V 2014

Bonita Springs FL 34135

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 239 - 260 - 4711

14031153857

Full Name of Designated Agent

Patrick Cauley

Mailing Address

8951 Bonita Beach Road

Suite 525 - V 2014

Bonita Springs

FL

34135

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

239

260

4711

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase Bank

Mailing Address

27820 S Tamiami Trail

Bonita Springs

FL

34134

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031153858

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**FROM:** (PLEASE PRINT) PHONE 12391 260-4711

CURT CLAWSON  
8951 BONITA BEACH RD.  
SUITE 505-V2014  
BONITA SPRINGS, FL 34135

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*JSE*  
 PREPARER  
 (8/2013)

1/17/14  
 DATE PREPARED

14031153860