

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	214707.34	214707.34
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	214707.34	214707.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2265783.31	2265783.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	27.00	27.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2265756.31	2265756.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	598951.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2650000.00	

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).....	191835.92	191835.92
(ii) Unitemized.....	22871.42	22871.42
(iii) TOTAL of contributions from individuals ▶	214707.34	214707.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	214707.34	214707.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2650000.00	2650000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2650000.00	2650000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	27.00	27.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2864734.34	2864734.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2265783.31	2265783.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2265783.31	2265783.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2864734.34
25. SUBTOTAL (add Line 23 and Line 24).....	2864734.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2265783.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	598951.03

**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 138
(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)
DIXON W ABELL

Mailing Address 2403 PARGOUD LANDING

City State Zip Code
MONROE LA 71201

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

Name of Employer Occupation
FERTILIZER COMPANY CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
2600.00
 SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MARTHA D ABELL

Mailing Address 2403 PARGOUD LANDING

City State Zip Code
MONROE LA 71201

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5198

Amount of Each Receipt this Period
2600.00
 SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JAMES C ADDY

Mailing Address 21775 SOUND WAY #201

City State Zip Code
ESTERO FL 33928

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
100.00
 SPECIAL-PRIMARY

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

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

5300.00

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

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

FOR LINE NUMBER: PAGE 6 OF 138
(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)
J. BARRY BANKER

Mailing Address 1033 CHANCERY LANE SOUTH

City State Zip Code
NASHVILLE TN 37215

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

Name of Employer Occupation
STEWART HOME SCHOOL PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
HARVEY L BENENSON

Mailing Address 1619 THIRD AVENUE
APT. 10H

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
LYONS, BENENSON & COMPANY INC. MANAGING DIRECTOR AND CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
HARVEY L BENENSON

Mailing Address 1619 THIRD AVENUE
APT. 10H

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
LYONS, BENENSON & COMPANY INC. MANAGING DIRECTOR AND CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 138
	<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

Full Name (Last, First, Middle Initial) A. MR. FRED BENTLEY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 19059 BELLA VISTA CT		Transaction ID : SA11AI.5158	
City NORTHVILLE	State MI	Amount of Each Receipt this Period 2600.00 SPECIAL-PRIMARY	
FEC ID number of contributing federal political committee. C			
Name of Employer MAXION WHEELS	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. NORMAN P BLAKE JR.		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2014	
Mailing Address 356 SEABREEZE DRIVE		Transaction ID : SA11AI.5053	
City MARCO ISLAND	State FL	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. NORMAN P BLAKE JR.		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 356 SEABREEZE DRIVE		Transaction ID : SA11AI.5091	
City MARCO ISLAND	State FL	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
BLAUCH AND ASSOCIATES LLC

Mailing Address 14710 TAMIAMI TRAIL N
SUITE 101

City State Zip Code
NAPLES FL 34110

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) **OTHER**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY - TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
HOPE A BLYTHE

Mailing Address 7886 RAMBLEWOOD STREET

City State Zip Code
YPSILANTI MI 48197

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

Name of Employer Occupation
SELF EMPLOYED EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
ROBERT M BOEVE

Mailing Address 1717 HOCH RD

City State Zip Code
TRAVERSE CITY MI 49696

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

Name of Employer Occupation
JORDAN EXPLORATION CEO

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. LAWRENCE BOSSIDY

Mailing Address 11167 BEACH CLUB POINT

City NORTH PALM BEACH State FL Zip Code 33408

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. NANCY BOSSIDY

Mailing Address 11167 BEACH CLUB POINT

City NORTH PALM BEACH State FL Zip Code 33408

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
KATIA R BREBBERMAN

Mailing Address 11675 HOPKINS DRIVE

City PLYMOUTH State MA Zip Code 48170

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.5160

Amount of Each Receipt this Period
 2500.00

SPECIAL-PRIMARY

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

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

7700.00

**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 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
MARK A BREBBERMAN

Mailing Address 11675 HOPKINS DRIVE

City PLYMOUTH State MI Zip Code 48170

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period
 2500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
WILLIAM R BROCKETT

Mailing Address 1215 JAMES MADISON HWY

City HAYMARKET State VA Zip Code 20169

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

Name of Employer VIRGINIA BEEF CORPORATION Occupation AGRICULTURE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
DEBBIE BROWN

Mailing Address 801 BRENTWOOD POINT

City NAPLES State FL Zip Code 34110

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
 2500.00

SPECIAL-PRIMARY

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: (check only one)	PAGE 11 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
LARRY BROWN

Mailing Address 801 BRENTWOOD POINT

City NAPLES State FL Zip Code 34110

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4796

Amount of Each Receipt this Period
 2500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
THOMAS L BUCKMASTER

Mailing Address 101 COLUMBIA RD AB1

City MORRISTOWN State NJ Zip Code 07962

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

Name of Employer HONEYWELL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

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

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

4500.00

**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 12 OF 138
	<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

Full Name (Last, First, Middle Initial) A. DENNIS A CALVANESE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5555 HERON POINT DRIVE PH 1		Transaction ID : SA11AI.4683	
City NAPLES	State FL	Zip Code 34108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. MARIAN CANDLER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 925 SPYGLASS LN		Transaction ID : SA11AI.4520	
City NAPLES	State FL	Zip Code 34102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CANDLER CAPITAL PARTNER	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. MRS. ELIZABETH CAULEY		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2014	
Mailing Address 781 KEATON DRIVE		Transaction ID : SA11AI.5757	
City TROY	State MI	Zip Code 48098	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer STUDENT	Occupation STUDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 800.00		

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 138
	<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

Full Name (Last, First, Middle Initial) A. PATRICK CAULEY		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 64 SOUTHPORT COVE		Transaction ID : SA11AI.4130	
City BONITA SPRINGS	State FL	Zip Code 34134	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. PATRICK CAULEY		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 64 SOUTHPORT COVE		Transaction ID : SA11AI.4851	
City BONITA SPRINGS	State FL	Zip Code 34134	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. SUSAN CAULEY		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 64 SOUTHPORT CV		Transaction ID : SA11AI.4132	
City BONITA SPRINGS	State FL	Zip Code 34134	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
SUSAN CAULEY

Mailing Address 64 SOUTHPORT CV

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JAMES N CHAPMAN

Mailing Address 14 ALPINE ROAD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
GEORGE J CIBULA

Mailing Address 27754 KINGS KEW

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
DARWIN REALTY REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

5700.00

**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 138
	<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. ANTHONY CLARK

Mailing Address **PO BOX 636**

City **WILMINGTON** State **DE** Zip Code **19899**

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

Name of Employer **SKADDEN** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
GAYLA CLAWSON

Mailing Address **934 SHELBORNE COURT**

City **LIBERTYVILLE** State **IL** Zip Code **60048**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.5835

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
GAYLA CLAWSON

Mailing Address **934 SHELBORNE COURT**

City **LIBERTYVILLE** State **IL** Zip Code **60048**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify) **OTHER**

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 138
	<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)
JACK CLAWSON

Mailing Address 26918 HICKORY BLVD

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. SCOTT CLAWSON

Mailing Address 934 SHELBOURNE COURT

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
CULLIGAN PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.5181

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. SCOTT CLAWSON

Mailing Address 934 SHELBOURNE COURT

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
CULLIGAN PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

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

FOR LINE NUMBER: PAGE 17 OF 138
(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)
JOHN D COOKE

Mailing Address 243 BAREFOOT BEACH BLVD

City State Zip Code
BONITA SPIRNGS FL 34134

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

Name of Employer Occupation
WELLS FARGO SALES

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
ANDREW CUROE

Mailing Address 25475 WAREHAM DRIVE

City State Zip Code
HUNTINGTON WOODS MI 48070

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

Name of Employer Occupation
BODMAN PLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
D & M INVESTMENTS

Mailing Address 9715 GULF SHORE DRIVE

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) OTHER

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY - TO BE REFUNDED

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 138
	<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)
FRANCES A DATTILO

Mailing Address 4480 DEERWOOD CT

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM G DAVIS

Mailing Address 8095 VIZCAYA WAY

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. BILL DEILE

Mailing Address 2544 SW 13TH AVE

City State Zip Code
CAPE CORAL FL 33914

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2014

Transaction ID : SA11AI.5731

Amount of Each Receipt this Period
250.00

In-kind - FACILITY RENTAL/CATERING SERVICES

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 138
	<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)
MS. GINA DEMARTIN HAHN

Mailing Address 7223 TORY LN

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
150.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
LESTER J DEQUAINE

Mailing Address 3140 SUNDANCE CIR

City State Zip Code
NAPLES FL 34109

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
DRUSCILLA DOEHRMAN

Mailing Address 7932 GRAND BAY

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period
2600.00

In-kind - FACILITY RENTAL/CATERING SERVICES

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 20 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
PATRICIA J DOLAN

Mailing Address 260 BAY RD

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
VOYAGER GROUP MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

Mailing Address 416 SHOOTING STAR

City State Zip Code
AVON CO 81620

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1254.16

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11AI.5759

Amount of Each Receipt this Period
1254.16

In-kind - FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
GREG C EIFERT

Mailing Address 13719 PUFF RD.

City State Zip Code
FORT WAYNE IN 46845

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

Name of Employer Occupation
MWOC INC. PRESIDENT OPT. MFG. REP.

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

2254.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) A. ALBERT W ENGEL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 27310 OLD 41 RD		Transaction ID : SA11AI.5031	
City BONITA SPRINGS	State FL	Zip Code 34135	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer ENGEL'S BICYCLES INTL'	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. DENISE L ENGLEHART		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4931 BONITA BAY BLVD UNIT 2401		Transaction ID : SA11AI.4968	
City BONITA SPRINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. WILLIAM FAUDE		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 27160 LOST LAKE LANE		Transaction ID : SA11AI.4945	
City BONITA SPRINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
DONALD V FITES

Mailing Address 9943 BRASSIE BND

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
EDWARD P FITZGERALD

Mailing Address 13100 SOUTHAMPTON DR

City BONITA SPRINGS State FL Zip Code 34135

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

Name of Employer BONITA SPRINGS FIRE CONTROL & RESCUE Occupation FIRE COMMISSIONER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
 125.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
SHIRLI FLACK

Mailing Address 28160 L BURTON FLETCHER CT.

City BONITA SPRINGS State FL Zip Code 34135

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

Name of Employer ALLIED INSULATION SUPPLY INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
KATHLEEN G FORD

Mailing Address 4931 BONITA BAY BLVD
#2603

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JAMES W FRASER

Mailing Address 26455 S TAMIAMI TRL STE 5202

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
FRITZ C FRIDAY

Mailing Address 8767 LA PALMA LN

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 24 OF 138
(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)
JOHN GALANTIC

Mailing Address 19 PONDS LANE

City State Zip Code
PURCHASE NY 10577

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

Name of Employer Occupation
CHANEL PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
SASHA GALANTIC

Mailing Address 19 PONDS LANE

City State Zip Code
PURCHASE NY 10577

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
SUN GIALLOMBARDO

Mailing Address 1431 NW 20TH TER

City State Zip Code
CAPE CORAL FL 33993

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

Name of Employer Occupation
PAMPERS CLEANERS CASHIER

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5822

Amount of Each Receipt this Period
 305.00

In-kind - FACILITY RENTAL/CATERING SERVICES

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

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

5505.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
JOHN Robert GILLETTE

Mailing Address 26631 ROOKERY LAKE DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
AMERICAN HOUSE SENIOR LIVING FOUNDER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
 1500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JOHN Robert GILLETTE

Mailing Address 26631 ROOKERY LAKE DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
AMERICAN HOUSE SENIOR LIVING FOUNDER

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period
 1000.07

In-kind - FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
BEVERLY GRADY

Mailing Address 2090 W FIRST ST #2805

City State Zip Code
FT MYERS FL 33901

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

Name of Employer Occupation
ROETZEL AND ADDRESS, PA ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

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

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

2750.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) A. JULIAN GREENLAND		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 4731 BONITA BAY BLVD		Transaction ID : SA11AI.4930	
City BONITA SPRINGS	State FL	Zip Code 34134	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. J. H. GRUNEWALD		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 445 COVE TOWER DR APT 1802		Transaction ID : SA11AI.4745	
City NAPLES	State FL	Zip Code 34110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. MR. DENNIS HAHM		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 5993 ASHFORD LANE		Transaction ID : SA11AI.5749	
City NAPLES	State FL	Zip Code 34110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1547.28	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1547.28		

SUBTOTAL of Receipts This Page (optional).....	2797.28
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. JEAN HAHM

Mailing Address 5993 ASHFORD LANE

City NAPLES State FL Zip Code 34110

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **1547.29**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period
1547.29

In-kind - FACILITY RENTAL/CATERING SERVICES

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY J HANSBERRY

Mailing Address 8111 BAY COLONY DR
APT 403

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
SCOTT T HARRISON

Mailing Address 11407 W. SYCAMORE HILLS DRIVE

City FORT WAYNE State IN Zip Code 46814

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

Name of Employer REA MAGNET Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.5129

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

3047.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
ROY I HATHCOCK

Mailing Address 23811 NAPOLI WAY

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
SLEEP EX LLC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
TINA S HAUT

Mailing Address 989 EGRETS RUN APT 102

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DONALD J HELD

Mailing Address 6081 SILVER KING BLVD
UNIT 201

City State Zip Code
CAPE CORAL FL 33914

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. RONALD E HENGES

Mailing Address 393 WINDWARD WAY

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
STEPHEN J HIATT

Mailing Address 27660 MARINA ISLE CT.

City State Zip Code
BONITA SPRINGS FL 34136

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
KENNETH A HILTZ

Mailing Address 600 N. LAKE SHORE DR. #3212

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
ALIXPARTNERS, LLP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 138
	<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)
JAMES HINES

Mailing Address 451 BAYFRONT PLACE #5502

City NAPLES State FL Zip Code 34102

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

Name of Employer INXCORP Occupation M&A BROKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
ELIZABETH M HIRSHOM

Mailing Address 26225 HICKORY BLVD
UNIT 5-A

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. FREDRICK F HOLCOMB

Mailing Address PO BOX 901720

City SANDY State UT Zip Code 84090

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. VAUNDA L HOLCOMB

Mailing Address PO BOX 901720

City SANDY State UT Zip Code 84090

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period
2400.00
 SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
SHIRLEY A HOST

Mailing Address 26670 ROOKERY LAKE DR

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
250.00
 SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
SHIRLEY A HOST

Mailing Address 26670 ROOKERY LAKE DR

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
500.00
 SPECIAL-PRIMARY

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

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

3150.00

**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 32 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
JOHN HUMPHREY

Mailing Address 7207 TEAL CREEK GLEN

City State Zip Code
BRADENTON FL 34202

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

Name of Employer Occupation
ROPER INDUSTRIES CFO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JUDITH A INGERSOLL

Mailing Address 4931 BONITA BAY BLVD UNIT 1002

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
LINDA JARBO

Mailing Address 4937 SEASONS DRIVE

City State Zip Code
TROY MI 48098

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

Name of Employer Occupation
HHI GROUP HOLDINGS CORPORATE MANAGER - HUMAN RESOUR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 33 OF 138
(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)
LAURIE JUE-YING

Mailing Address 36 EAST 72ND STREET
8TH FLOOR

City NEW YORK State NY Zip Code 10021

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 2400.00

B. Full Name (Last, First, Middle Initial)
LAURIE JUE-YING

Mailing Address 36 EAST 72ND STREET
8TH FLOOR

City NEW YORK State NY Zip Code 10021

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
JACK A KANE

Mailing Address 18242 VIA CAPRINI DR

City FT MYERS State FL Zip Code 33913

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

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 34 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
CHARLES KENNEDY III

Mailing Address 598 UNIVERSITY PLACE

City State Zip Code
GROSSE POINTE MI 48203

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

Name of Employer Occupation
FIDELZO HINKS PLLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
TERRY KINNAMON

Mailing Address 6597 NICHOLAS BLVD #1606

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
GERALD T KNIGHT

Mailing Address 4931 BONITA BAY BLVD 1202

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
DAWN KONCIKOWSKI

Mailing Address 26436 HICKORY BLVD

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
WATER SLIDE WORLD WATERPARK OPERATOR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JAMES C KRALIK

Mailing Address 1708 DUNES CLUB PLACE

City State Zip Code
AMELIA ISLAND FL 32034

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

Name of Employer Occupation
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
DANA A LAPEKAS

Mailing Address 340 GULF OF MEXICO DR.
APT 134

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer Occupation
HOMEMAKER HOUSEWIFE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.5099

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
EDWARD A LAPEKAS

Mailing Address 340 GULF OF MEXICO DR
APT 134

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
LOUIS LATAIF

Mailing Address 4000 ARROWOOD CT.

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
DONALD A LEEBER

Mailing Address 960 CAPE MARCO DR #1504

City State Zip Code
MARCO ISLAND FL 34145

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
GARY J LEHMAN

Mailing Address **PO BOX 4217**

City **LAFAYETTE** State **IN** Zip Code **47903**

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

Name of Employer **FAIRFIELD MANUFACTURING COMPANY** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. DAVID J LIONETT

Mailing Address **11157 SIERRA PALM CT**

City **FT MYERS** State **FL** Zip Code **33966**

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

Name of Employer **NORTHWESTERN MUTUAL** Occupation **SENIOR FINANCIAL REP**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
BERNARD J LONG

Mailing Address **26651 ROOKERY LAKE DRIVE**

City **BONITA SPRINGS** State **FL** Zip Code **34134**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
BERNARD J LONG

Mailing Address 26651 ROOKERY LAKE DRIVE

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MS. MARION LONG

Mailing Address 26651 ROOKERY LAKE DR

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: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.07

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5755

Amount of Each Receipt this Period
1000.07

In-kind - FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
JAMES R LOZELLE

Mailing Address 678 3RD ST NORTH

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

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

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

2250.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
CINDY 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

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. THOMAS B MACCABE

Mailing Address 284 SUGAR MILL DR

City OSPREY State FL Zip Code 34229

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
JAMES MARCHESSAULT

Mailing Address 4811 ISLAND POND CT UNIT 1201

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer BCSI Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
STEVEN E MARTIN

Mailing Address 9806 LEEWARD COURT

City FT MYERS State FL Zip Code 33919

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

Name of Employer MARTIN LAW FIRM, PL Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
PATRICK J MCCOURT

Mailing Address 6000 SEAGRAPE LN

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
BEN R MILLER

Mailing Address 4751 BONITA BAY BLVD PH#101

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) A. TRICIA M MOLZOW		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 2820 SE 19TH PL		Transaction ID : SA11AI.4294	
City CAPE CORAL	State FL	Zip Code 33904	Amount of Each Receipt this Period _____ 500.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. JAMES E MURPHY JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 9275 HOLLOW PINE DR		Transaction ID : SA11AI.5046	
City BONITA SPRINGS	State FL	Zip Code 34135	Amount of Each Receipt this Period _____ 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. NANCY E MURTAUGH		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 26490 ROOKERY LAKE DR		Transaction ID : SA11AI.4936	
City BONITA SPRINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period _____ 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
ELLIS F. NAEGELE

Mailing Address 7993 VIA VECCHIA

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
ROBERT O NAEGELE

Mailing Address 7993 VIA VECCHIA

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
ROBERT O NAEGELE

Mailing Address 7993 VIA VECCHIA

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.4629

Amount of Each Receipt this Period
 100.00

SPECIAL-PRIMARY

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
ROBERT O NAEGELE

Mailing Address 7993 VIA VECCHIA

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **1746.72**

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

Transaction ID : SA11AI.5747

Amount of Each Receipt this Period
646.72

In-kind - FACILITY RENTAL/CATERING SERVICES

B. Full Name (Last, First, Middle Initial)
STEFANIE S NELSON

Mailing Address 150 MOORINGS PARK DRIVE K305

City NAPLES State FL Zip Code 34105

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
HUGH W NEVIN JR.

Mailing Address 9100 STRADA PLACE
MERCATO - 6200

City NAPLES State FL Zip Code 34108

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

Name of Employer COHEN & GRIGSBY Occupation TAX LAWYER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

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

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

1396.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 138
	<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

Full Name (Last, First, Middle Initial) A. PAUL B NEWHOUSE		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2014	
Mailing Address 24600 S TAMIAMI TR#212 PMB307		Transaction ID : SA11AI.4860	
City BONITA SPRINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer GUY CARPENTER	Occupation REINUSRANCE BROKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. MR. GREGG NOTESTINE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 719 BEXLEY ROAD		Transaction ID : SA11AI.5140	
City WEST LAFAYETTE	State IN	Zip Code 47906	Amount of Each Receipt this Period 250.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. PATRICIA O'DONNELL		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 4291 WILLIAMS RD		Transaction ID : SA11AI.4413	
City ESTERO	State FL	Zip Code 33928	Amount of Each Receipt this Period 1000.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer O'DONNELL	Occupation BUSINESS OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 138
	<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. RICHARD G ONKEY

Mailing Address 8723 LAPALMA LANE

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. DAVID A OWENS

Mailing Address 1314 CLARET COURT

City FORT MYERS State FL Zip Code 33919

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

Name of Employer ADVANTA IRA Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DAVID A OWENS

Mailing Address 1314 CLARET COURT

City FORT MYERS State FL Zip Code 33919

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

Name of Employer ADVANTA IRA Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1195.51

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

Transaction ID : SA11AI.5733

Amount of Each Receipt this Period
195.51

In-kind - FACILITY RENTAL/CATERING SERVICES

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

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

1445.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 138
	<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)
THOMAS E PALMER

Mailing Address **84 SOUTHPORT CV**

City **BONITA SPRINGS** State **FL** Zip Code **34134**

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

Name of Employer **MORGAN STANLEY** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JOYCE E PAPPERT

Mailing Address **27751 MARINA POINTE DR**

City **BONITA SPRINGS** State **FL** Zip Code **34134**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
DAMON PHILLIPS

Mailing Address **11 HIGHWOOD CROSSING**

City **BURLINGTON** State **CT** Zip Code **06013**

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

Name of Employer **ESPN** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 47 OF 138
(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)
ROBERT B PINCUS

Mailing Address 108 ROCKFORD GROVE LANE

City State Zip Code
WILMINGTON DE 19806

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

Name of Employer Occupation
SKADDEN ARPS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
FRANK R POLLARD

Mailing Address 20391 CHAPEL TRACE

City State Zip Code
ESTERO FL 33928

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
BONNE POSMA

Mailing Address 12946 KEDLESTON CIR

City State Zip Code
FORT MYERS FL 33912

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

Name of Employer Occupation
SAMINCO ELECTRIC TRACTION DRIV CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 138
	<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)
T. S. POST JR.

Mailing Address 26690 ROOKERY LAKE DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MARGUERITE K POTTER

Mailing Address PO BOX 2007

City State Zip Code
BOCA GRANDE FL 33921

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
ROBERT G POTTER

Mailing Address 26610 ROOKERY LAKE DR

City State Zip Code
ST LOUIS MO 63141

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 138
	<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)
CHARLES W QUACKENBUSH

Mailing Address 9045 PROSPERITY WAY

City FT MYERS State FL Zip Code 33913

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. CHRIS QUACKENBUSH

Mailing Address 3045 PROSPERITY WAY

City FORT MYERS State FL Zip Code 33913

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.5725

Amount of Each Receipt this Period
 420.00

In-kind - FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
DONALD J REDLINGER

Mailing Address 8787 BAY COLONY DR, APT 1202

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
 1000.00

SPECIAL-PRIMARY

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

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

1670.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. G. STEPHEN ROBINS

Mailing Address 8473 BAY COLONY DR
#1702

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JOHN W ROTH

Mailing Address 26737 MCLAUGHLIN BLVD

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
JOHN A SALVETTE

Mailing Address 2016 DEVONSHIRE ROAD

City ANN ARBOR State MI Zip Code 48104

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

Name of Employer MAXION WHEELS Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) A. JASDEEP S SANDHU		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 10313 7 MILE RD.		Transaction ID : SA11AI.5154	
City NORTHVILLE	State MI	Zip Code 48167	Amount of Each Receipt this Period 2600.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer NYX, INC.	Occupation GENERAL COUNCIL		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. JATINDER-BIR SANDHU		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 47725 BELLAGIO DR		Transaction ID : SA11AI.5156	
City NORTHVILLE	State MI	Zip Code 48167	Amount of Each Receipt this Period 1000.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer NYX,INC.	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. ALAN H SCHUMACHER		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 2481 TALL OAKS DRIVE		Transaction ID : SA11AI.5186	
City ELGIN	State IL	Zip Code 60123	Amount of Each Receipt this Period 500.00 SPECIAL-PRIMARY
FEC ID number of contributing federal political committee. C			
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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. DAVID SHEPHERD

Mailing Address 10577 JUMPER LANE

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
SHEPHERD INSURANCE & FINANCIAL CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MARVIN D SILVER

Mailing Address 22001 RED LAUREL LANE

City State Zip Code
ESTERO FL 33928

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
PETER E SIMMONS

Mailing Address 3291 RIVERPARK CT

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
THE SIMMONS GROUP PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
ALLEN H SIMON

Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MARY H SMART

Mailing Address 37202 N. BLACK VELVET LANE

City WADSWORTH State IL Zip Code 60083

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5183

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MARY H SMART

Mailing Address 37202 N. BLACK VELVET LANE

City WADSWORTH State IL Zip Code 60083

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
 250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 138
	<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)
BRUCE L SMITH

Mailing Address 1081 CHAGRIN RIVER ROAD

City State Zip Code
GATES MILLS OH 44040

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

Name of Employer Occupation
ELYRIA & HODGE FOUNDRIES CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : SA11AI.5123

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
EDWARD J SMITH

Mailing Address 3668 WOODLAKE DR.

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
TERMAX CORP. RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
JERRY C SMITH

Mailing Address 4638 CHIPPENDALE DR

City State Zip Code
NAPLES FL 34112

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period
1000.00

SPECIAL-PRIMARY

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 56 OF 138
(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)
MOHSEN M SOHI

Mailing Address 970 CAPE MARCO DRIVE
UNIT 2005

City MARCO ISLAND State FL Zip Code 34145

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

Name of Employer FREUDENBERG Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. GERALD J SOMMERS

Mailing Address 9771 BENTGRASS BEND

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation GOLFER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
 250.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MARGERY D SORENSEN

Mailing Address 2135 YUMA STREET

City SALT LAKE CITY State UT Zip Code 84109

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) OTHER

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : SA11AI.5706

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 138
	<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)
SCOTT K SORENSEN

Mailing Address 2135 YUMA STREET

City State Zip Code
SALT LAKE CITY UT 84109

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

Name of Employer Occupation
SORENSEN COMMUNICATIONS MANAGER

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.5210

Amount of Each Receipt this Period
2600.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JUDITH SPANN

Mailing Address 5731 HARBORAGE DR

City State Zip Code
FT MYERS FL 33908

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

Name of Employer Occupation
JS ANESTHESIA, INC NURSE ANESTHETIST

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
WILLIAM SPINELLI

Mailing Address 2948 BELLFLOWER LN

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation
SELF EMPLOYED REALTOR

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
755.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period
755.24

In-kind - FACILITY RENTAL/CATERING SERVICES

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

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

3855.24

**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 58 OF 138
	<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)
WILLIAM SPINELLI

Mailing Address 2948 BELLFLOWER LN

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation
SELF EMPLOYED REALTOR

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period
1844.76

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
WILLIAM SPINELLI

Mailing Address 2948 BELLFLOWER LN

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation
SELF EMPLOYED REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3355.24

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period
755.24

C. Full Name (Last, First, Middle Initial)
PAMELA J STAR

Mailing Address 921 FOX GLEN DR

City State Zip Code
ST CHARLES IL 60174

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

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

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

2850.00

**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 59 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
KATHLEEN F STASSEN

Mailing Address 8171 BAY COLONY DR APT 501

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
 1300.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
VICTORIA STEINMETZ

Mailing Address 301 EAST 73RD STREET
6C

City NEW YORK State NY Zip Code 10021

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

Name of Employer SEYFARTH SHAW LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

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

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

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

Mailing Address 370 BOW LINE BND

City NAPLES State FL Zip Code 34103

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

Name of Employer CARDOLITE CORPORATION Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

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

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

4400.00

**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 60 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
JOHN T TYMANN

Mailing Address 825 BENTWATER CIR APT 101

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
 _____ 289.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
 _____ 289.50

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
JOHN T TYMANN

Mailing Address 825 BENTWATER CIR APT 101

City NAPLES State FL Zip Code 34108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 1289.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5745

Amount of Each Receipt this Period
 _____ 1000.08

In-kind - FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
RICK UHLIG

Mailing Address 3966 WOODLAKE DRIVE

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
 _____ 250.00

SPECIAL-PRIMARY

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

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

_____ 1539.58

**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 61 OF 138
	<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)
KEITH VINCENT

Mailing Address 285 MOSSY OAK WAY

City MT PLEASANT State SC Zip Code 29464-7805

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

Name of Employer SELF EMPLOYED Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
 500.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
MS. AMY WALLMAN

Mailing Address 124 DEER ESTATES LANE

City PONTE VEDRA BEACH State FL Zip Code 32082

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. RICHARD F WALLMAN

Mailing Address 124 DEER ESTATES LANE

City PONTE VEDRA BEACH State FL Zip Code 32082

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
 2600.00

SPECIAL-PRIMARY

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

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

5700.00

**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 62 OF 138
	<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

Full Name (Last, First, Middle Initial) A. JAMES A WALTON		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 6825 GRENADIER BLVD PH 5		Transaction ID : SA11AI.4655	
City NAPLES	State FL	Zip Code 34108	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. MARY M WANGEN		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 8858 SARAH LANE		Transaction ID : SA11AI.5152	
City GROSSE ISLE	State MI	Zip Code 48138	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. MARGARET E WATSON		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 4 SHARP HILL LANE		Transaction ID : SA11AI.4146	
City RIDGEFIELD	State CO	Zip Code 06877	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer SELF EMPLOYED		Occupation SEARCH CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 138
	<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)
MARGARET E WATSON

Mailing Address 4 SHARP HILL LANE

City State Zip Code
RIDGEFIELD CO 06877

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

Name of Employer Occupation
SELF EMPLOYED SEARCH CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
750.00

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

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
250.00

SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
DAVID B WHITEHURST

Mailing Address 435 DOCKSIDE DRIVE, #304

City State Zip Code
NAPLES FL 34110

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

C. Full Name (Last, First, Middle Initial)
JUDY E WILKERSON

Mailing Address 4277 SANCTUARY WAY

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2014

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
500.00

SPECIAL-PRIMARY

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 138
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
JAMES A WURSTER

Mailing Address 26312 AUGUSTA CRK CT.

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: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period
500.00
SPECIAL-PRIMARY

B. Full Name (Last, First, Middle Initial)
DAVID Y YING

Mailing Address 36 EAST 72ND STREET
8TH FLOOR

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
EVERCORE GROUP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

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

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
DAVID Y YING

Mailing Address 36 EAST 72ND STREET
8TH FLOOR

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
EVERCORE GROUP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
2600.00
SPECIAL-PRIMARY

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 65 OF 138
	<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)
ROBERT J ZEHR

Mailing Address 3311 MYRTLE OAK CT

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
SELF EMPLOYED SURGEON

Receipt For: 2014
 Primary General
 Other (specify) Other

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11Al.4986

Amount of Each Receipt this Period
 1000.00
 SPECIAL-PRIMARY

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

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

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

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

1000.00

191835.92

**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 66 OF 138
	<input type="checkbox"/> 11a 12 <input checked="" 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

Full Name (Last, First, Middle Initial) A. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5801	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 200000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200000.00		

Full Name (Last, First, Middle Initial) B. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5803	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 150000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 350000.00		

Full Name (Last, First, Middle Initial) C. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5804	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 200000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 550000.00		

SUBTOTAL of Receipts This Page (optional).....	550000.00
TOTAL This Period (last page this line number only).....	550000.00

**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 67 OF 138
	<input type="checkbox"/> 11a 12 <input checked="" 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)
CURTIS J CLAWSON

Mailing Address 8951 BONITA BEACH RD STE 525-V2014

City BONITA SPRINGS	State FL	Zip Code 34135
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4FL19074**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
850000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : SA13A.5805

Amount of Each Receipt this Period
300000.00

B. Full Name (Last, First, Middle Initial)
CURTIS J CLAWSON

Mailing Address 8951 BONITA BEACH RD STE 525-V2014

City BONITA SPRINGS	State FL	Zip Code 34135
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4FL19074**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1200000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA13A.5806

Amount of Each Receipt this Period
350000.00

C. Full Name (Last, First, Middle Initial)
CURTIS J CLAWSON

Mailing Address 8951 BONITA BEACH RD STE 525-V2014

City BONITA SPRINGS	State FL	Zip Code 34135
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4FL19074**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1450000.00

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

Transaction ID : SA13A.5807

Amount of Each Receipt this Period
250000.00

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

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

900000.00

**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 68 OF 138
	<input type="checkbox"/> 11a 12 <input checked="" 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

Full Name (Last, First, Middle Initial) A. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5808	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 300000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1750000.00		

Full Name (Last, First, Middle Initial) B. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5809	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 300000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2050000.00		

Full Name (Last, First, Middle Initial) C. CURTIS J CLAWSON		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2014	
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Transaction ID : SA13A.5810	
City BONITA SPRINGS	State FL	Zip Code 34135	
FEC ID number of contributing federal political committee. C H4FL19074		Amount of Each Receipt this Period 300000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 2350000.00		

SUBTOTAL of Receipts This Page (optional).....	900000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 138
	<input type="checkbox"/> 11a 12 <input checked="" 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)
CURTIS J CLAWSON

Mailing Address 8951 BONITA BEACH RD STE 525-V2014

City State Zip Code
BONITA SPRINGS FL 34135

FEC ID number of contributing federal political committee. **C H4FL19074**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2650000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA13A.5811

Amount of Each Receipt this Period
300000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300000.00

2650000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 138	
	<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) A. ARTYPE INC.		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 3530 WORK DRIVE		Amount of Each Disbursement this Period 3858.28
City FORT MYERS	State FL	
Zip Code 33916	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.5316
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. BAYSIDE BALLOONS		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 4646 DOMESTIC AVE		Amount of Each Disbursement this Period 205.80
City NAPLES	State FL	
Zip Code 34104	Purpose of Disbursement EVENT STAGING EXPENSE	Transaction ID : SB17.5361
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 8000 MEDITERRANEAN DR		Amount of Each Disbursement this Period 251.09
City ESTERO	State FL	
Zip Code 33928	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5323
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4315.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 138	
	<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)
A. BEST BUY

Mailing Address 8000 MEDITERRANEAN DR

City ESTERO State FL Zip Code 33928

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2014

Amount of Each Disbursement this Period: 222.58

Transaction ID : SB17.5329

Full Name (Last, First, Middle Initial)
B. MRS. ELIZABETH CAULEY

Mailing Address 781 KEATON DRIVE

City TROY State MI Zip Code 48098

Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 09 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.5758

Full Name (Last, First, Middle Initial)
C. CITY OF BONITA SPRINGS CODE ENFORCEMENT

Mailing Address 27300 OLD 41 RD- LILES HOTEL

City BONITA SPRINGS State FL Zip Code 34135

Purpose of Disbursement FILING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 27 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.5491

SUBTOTAL of Disbursements This Page (optional)..... 1272.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 138	
	<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) A. STEPHEN CLAWSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 138 CANDLEWOOD PL		Amount of Each Disbursement this Period 1030.00 Transaction ID : SB17.5690
City PROVO State UT Zip Code 84604	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. STEPHEN CLAWSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 138 CANDLEWOOD PL		Amount of Each Disbursement this Period 1030.00 Transaction ID : SB17.5691
City PROVO State UT Zip Code 84604	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. COASTAL STAFFING SERVICE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4949 TAMiami TRAIL NORTH Suite 202		Amount of Each Disbursement this Period 16335.89 Transaction ID : SB17.5355
City NAPLES State FL Zip Code 34103	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18395.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 138			
	<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) A. COASTAL STAFFING SERVICE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 4949 TAMIAMI TRAIL NORTH Suite 202		Amount of Each Disbursement this Period 7149.45 Transaction ID : SB17.5358
City NAPLES State FL Zip Code 34103	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. COASTAL STAFFING SERVICE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 4949 TAMIAMI TRAIL NORTH Suite 202		Amount of Each Disbursement this Period 7931.58 Transaction ID : SB17.5359
City NAPLES State FL Zip Code 34103	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. COLONIAL COUNTRY CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 9181 INDEPENDENCE WAY		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5301
City FT. MYERS State FL Zip Code 33913	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15331.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 138			
	<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) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO BOX 105184		Amount of Each Disbursement this Period 409.20 Transaction ID : SB17.5243
City ATLANTA	State GA Zip Code 30348	
Purpose of Disbursement UTILITIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. CONSTITUTIONALLY SPEAKING		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 9527 HEMINGWAY LANE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5305
City FORT MYERS	State FL Zip Code 33913	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. CAMERON COWGER		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 19789 CR 1548		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5686
City ADA	State OK Zip Code 74820	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3109.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 138	
	<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) A. CAMERON COWGER		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 19789 CR 1548		Amount of Each Disbursement this Period 1060.00 Transaction ID : SB17.5687
City ADA State OK Zip Code 74820	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMERON COWGER		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 19789 CR 1548		Amount of Each Disbursement this Period 1450.00 Transaction ID : SB17.5688
City ADA State OK Zip Code 74820	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. DAVINCI REALTY LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO BOX 1516		Amount of Each Disbursement this Period 15156.13 Transaction ID : SB17.5577
City FLAGSTAFF State AZ Zip Code 86002	Purpose of Disbursement FACILITY RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17666.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 138	
	<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) A. MR. BILL DEILE		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 2544 SW 13TH AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5732
City CAPE CORAL State FL Zip Code 33914	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. FRANK DEL PIZZO		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 12426 MUDDY CREEK LANE		Amount of Each Disbursement this Period 892.78 Transaction ID : SB17.5651
City FT MYERS State FL Zip Code 33913	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. FRANK DEL PIZZO		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 12426 MUDDY CREEK LANE		Amount of Each Disbursement this Period 821.36 Transaction ID : SB17.5654
City FT MYERS State FL Zip Code 33913	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1964.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 138	
	<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) A. FRANK DEL PIZZO		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 12426 MUDDY CREEK LANE		Amount of Each Disbursement this Period 892.78
City FT MYERS State FL Zip Code 33913	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.5656
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FRANK DEL PIZZO		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 12426 MUDDY CREEK LANE		Amount of Each Disbursement this Period 607.10
City FT MYERS State FL Zip Code 33913	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.5658
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DOCS BEACH HOUSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 27908 HICKORY BLVD		Amount of Each Disbursement this Period 5071.19
City BONITA SPRINGS State FL Zip Code 34134	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.5414
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	6571.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 138	
	<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) A. DRUSCILLA DOEHRMAN		Date of Disbursement MM / DD / YYYY 03 / 22 / 2014
Mailing Address 7932 GRAND BAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.5742
City NAPLES	State FL	
Zip Code 34108	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. MS. JANE EBERLY		Date of Disbursement MM / DD / YYYY 03 / 22 / 2014
Mailing Address 416 SHOOTING STAR		Amount of Each Disbursement this Period 1254.16 Transaction ID : SB17.5760
City AVON	State CO	
Zip Code 81620	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) C. EDESIGN CO		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 28226.35 Transaction ID : SB17.5419
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	32080.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 138			
	<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) A. EDESIGN CO		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 82371.25
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.5427
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. EMINENT SOLUTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 13475 BEACON HILL DRIVE		Amount of Each Disbursement this Period 732.02
City PLYMOUTH TOWNSHIP	State MI	
Zip Code 48170	Purpose of Disbursement DIGITAL CONSULTING	Transaction ID : SB17.5532
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. FPL		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address GENERAL MAIL FACILITY		Amount of Each Disbursement this Period 246.00
City MIAMI	State FL	
Zip Code 33188	Purpose of Disbursement UTILITIES	Transaction ID : SB17.5251
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	83349.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 138	
	<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) A. FPL		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address GENERAL MAIL FACILITY		Amount of Each Disbursement this Period 263.32
City MIAMI	State FL Zip Code 33188	
Purpose of Disbursement UTILITIES	Candidate Name	Transaction ID : SB17.5252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BETH GATTURNA		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2620 SW 8TH PLACE		Amount of Each Disbursement this Period 470.00
City CAPE CORAL	State FL Zip Code 33914	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Transaction ID : SB17.5660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SUN GIALLOMBARDO		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1431 NW 20TH TER		Amount of Each Disbursement this Period 305.00
City CAPE CORAL	State FL Zip Code 33993	
Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Candidate Name	Transaction ID : SB17.5824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1038.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 138	
	<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) A. JOHN Robert GILLETTE		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 26631 ROOKERY LAKE DR		Amount of Each Disbursement this Period 1000.07 Transaction ID : SB17.5754
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. GO MOBILE SIGNS		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 14026 PALM BEACH BLVD		Amount of Each Disbursement this Period 869.20 Transaction ID : SB17.5266
City FORT MYERS	State FL	
Zip Code 33905	Purpose of Disbursement PLACED MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) C. GO PLATINUM TRANSPORT		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 13891 JETPORT LOOP #8		Amount of Each Disbursement this Period 515.63 Transaction ID : SB17.5294
City FT. MYERS	State FL	
Zip Code 33913	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	2384.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 138	
	<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) A. GUITAR CENTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 4440 FOWLER ST		Amount of Each Disbursement this Period 1166.00
City FORT MYERS	State FL	
Zip Code 33901	Purpose of Disbursement EVENT STAGING EXPENSE	Transaction ID : SB17.5260
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. DENNIS HAHM		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 5993 ASHFORD LANE		Amount of Each Disbursement this Period 1547.28
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.5750
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. MRS. JEAN HAHM		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 5993 ASHFORD LANE		Amount of Each Disbursement this Period 1547.29
City NAPLES	State FL	
Zip Code 34110	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.5752
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4260.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 138	
	<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) A. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 12600 UNIVERSITY DR		Amount of Each Disbursement this Period 641.30 Transaction ID : SB17.5276
City FORT MYERS	State FL	
Zip Code 33907	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 12600 UNIVERSITY DR		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5277
City FORT MYERS	State FL	
Zip Code 33907	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) C. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 12600 UNIVERSITY DR		Amount of Each Disbursement this Period 626.80 Transaction ID : SB17.5278
City FORT MYERS	State FL	
Zip Code 33907	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1468.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 138			
	<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) A. HILTON HOTEL		Date of Disbursement
Mailing Address 5111 TAMIAMI TRAIL NORTH		MM / DD / YYYY 02 / 19 / 2014
City NAPLES	State FL	Zip Code 34103
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Amount of Each Disbursement this Period 1443.72	
Candidate Name	Transaction ID : SB17.5353	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALEXANDER HORIST		Date of Disbursement
Mailing Address 9527 HEMINGWAY LANE		MM / DD / YYYY 02 / 27 / 2014
City FORT MYERS	State FL	Zip Code 33913
Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 540.00	
Candidate Name	Transaction ID : SB17.5653	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALEXANDER HORIST		Date of Disbursement
Mailing Address 9527 HEMINGWAY LANE		MM / DD / YYYY 03 / 16 / 2014
City FORT MYERS	State FL	Zip Code 33913
Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 680.00	
Candidate Name	Transaction ID : SB17.5655	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2663.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 138	
	<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) A. ALEXANDER HORIST		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 9527 HEMINGWAY LANE		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.5657
City FORT MYERS State FL Zip Code 33913	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. MATT HURLEY		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 12181 LIVEOAK DRIVE		Amount of Each Disbursement this Period 3056.35 Transaction ID : SB17.5643
City FORT MYERS State FL Zip Code 33908	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. MATT HURLEY		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 12181 LIVEOAK DRIVE		Amount of Each Disbursement this Period 3091.56 Transaction ID : SB17.5644
City FORT MYERS State FL Zip Code 33908	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6957.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 138			
	<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) A. MARJORIE KASELL-JOHNSON		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5680
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. LEE COUNTY SHERIFF'S OFFICE		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address ATTN: DETAILS 14750 Six Mile Cypress Pkwy		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.5290
City FT. MYERS	State FL	
Zip Code 33912	Purpose of Disbursement EVENT SECURITY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) C. CAMERON LEWIS		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 9151 DELANO STREET #9705		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5670
City NAPLES	State FL	
Zip Code 34113	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 138	
	<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) A. CAMERON LEWIS		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 9151 DELANO STREET #9705		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5671
City NAPLES	State FL	
Zip Code 34113	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. CAMERON LEWIS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 9151 DELANO STREET #9705		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5672
City NAPLES	State FL	
Zip Code 34113	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) C. CAMERON LEWIS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 9151 DELANO STREET #9705		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5673
City NAPLES	State FL	
Zip Code 34113	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 138	
	<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) A. MS. MARION LONG		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 26651 ROOKERY LAKE DR		Amount of Each Disbursement this Period 1000.07 Transaction ID : SB17.5756
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. MAIL MAVERICK		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.5562
City State Zip Code GRAND RAPIDS MI 49503	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. MARKET STREET CONSULTANTS, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 251 VALLEY VISTA DRIVE		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5579
City State Zip Code CAMARILLO CA 93010	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4125.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 138		
	<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) A. BRITTANY METZLER		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 609 SE 13TH STREET		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.5662
City CAPE CORAL State FL Zip Code 33990	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. BRITTANY METZLER		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 609 SE 13TH STREET		Amount of Each Disbursement this Period 1080.00 Transaction ID : SB17.5663
City CAPE CORAL State FL Zip Code 33990	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. BRITTANY METZLER		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 609 SE 13TH STREET		Amount of Each Disbursement this Period 910.00 Transaction ID : SB17.5664
City CAPE CORAL State FL Zip Code 33990	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 138		
	<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) A. BRITTANY METZLER		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 609 SE 13TH STREET		Amount of Each Disbursement this Period 990.00 Transaction ID : SB17.5665
City CAPE CORAL	State FL Zip Code 33990	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. ROBERT O NAEGELE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7993 VIA VECCHIA		Amount of Each Disbursement this Period 646.72 Transaction ID : SB17.5748
City NAPLES	State FL Zip Code 34108	
Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. NAPLES EAGLE FORUM		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 8960 BAY COLONY DRIVE #1501		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.5369
City NAPLES	State FL Zip Code 34108	
Purpose of Disbursement EVENT REGISTRATION FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1876.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 138	
	<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) A. NAPLES ST. PATRICK'S FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 300 FIFTH AVE S #101		Amount of Each Disbursement this Period 350.00
City NAPLES	State FL Zip Code 34102	
Purpose of Disbursement EVENT REGISTRATION FEE		Transaction ID : SB17.5594
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. RICKEY NELSON		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 2403 CASLOTTI WAY		Amount of Each Disbursement this Period 1250.00
City CAPE CORAL	State FL Zip Code 33909	
Purpose of Disbursement FIELD CONSULTING		Transaction ID : SB17.5646
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. RICKEY NELSON		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 2403 CASLOTTI WAY		Amount of Each Disbursement this Period 1250.00
City CAPE CORAL	State FL Zip Code 33909	
Purpose of Disbursement FIELD CONSULTING		Transaction ID : SB17.5647
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 138	
	<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) A. RICKEY NELSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 2403 CASLOTTI WAY		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.5648
City CAPE CORAL State FL Zip Code 33909	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. RICKEY NELSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2403 CASLOTTI WAY		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.5649
City CAPE CORAL State FL Zip Code 33909	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. NEW YORK PIZZA & PASTA		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 11140 TAMIAMI TRAIL N		Amount of Each Disbursement this Period 47.10 Transaction ID : SB17.5388
City NAPLES State FL Zip Code 34110	Purpose of Disbursement MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2547.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 138	
	<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) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 27251 BAY LANDING DR		Amount of Each Disbursement this Period 60.75
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5467
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE FURNITURE AND DESIGN CONCEPTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 11866 METRO PARAKWAY		Amount of Each Disbursement this Period 4421.26
City FORT MYERS	State FL	
Zip Code 33966	Purpose of Disbursement OFFICE FURNITURE	Transaction ID : SB17.5337
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. PELICAN PRESERVE GOLF CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 9802 PELICAN PRESERVE BLVD		Amount of Each Disbursement this Period 1360.80
City FT MYERS	State FL	
Zip Code 33913	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.5309
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5842.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 138			
	<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) A. HELEN PFERDEHIRT		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 8600 NW 11 CT		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.5637
City PEMBROKE PINES	State FL	
Zip Code 33024	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. HELEN PFERDEHIRT		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 8600 NW 11 CT		Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.5638
City PEMBROKE PINES	State FL	
Zip Code 33024	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) C. HELEN PFERDEHIRT		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 8600 NW 11 CT		Amount of Each Disbursement this Period 1640.00 Transaction ID : SB17.5639
City PEMBROKE PINES	State FL	
Zip Code 33024	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3410.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 138			
	<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) A. JIM POOLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 22311 Peachtree		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5684
City NOVI	State MI	
Purpose of Disbursement FIELD CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 19509.56 Transaction ID : SB17.5452
City BONITA SPRINGS	State FL	
Purpose of Disbursement POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State:	District:	

Full Name (Last, First, Middle Initial) C. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 19509.56 Transaction ID : SB17.5457
City BONITA SPRINGS	State FL	
Purpose of Disbursement POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	40019.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 138			
	<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) A. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 19509.56 Transaction ID : SB17.5462
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 16025.71 Transaction ID : SB17.5472
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 11500.00 Transaction ID : SB17.5474
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	47035.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 138	
	<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) A. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 16025.71 Transaction ID : SB17.5478
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 11500.00 Transaction ID : SB17.5479
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. PRESSTIGE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 10940 HARMONY PARK DRIVE		Amount of Each Disbursement this Period 16025.71 Transaction ID : SB17.5483
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	43551.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 138			
	<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) A. PRESSTIGE PRINTING		Date of Disbursement
Mailing Address 10940 HARMONY PARK DRIVE		M M / D D / Y Y Y Y 03 / 25 / 2014
City	State	Zip Code
BONITA SPRINGS	FL	34135
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period	
Candidate Name	16025.71	
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.5486
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Special-Primary	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. PRESSTIGE PRINTING		Date of Disbursement
Mailing Address 10940 HARMONY PARK DRIVE		M M / D D / Y Y Y Y 04 / 01 / 2014
City	State	Zip Code
BONITA SPRINGS	FL	34135
Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period	
Candidate Name	11500.00	
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.5499
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Special-Primary	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES		Date of Disbursement
Mailing Address 214 NORTH FAYETTE STREET		M M / D D / Y Y Y Y 03 / 12 / 2014
City	State	Zip Code
ALEXANDRIA	VA	22314
Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period	
Candidate Name	20500.00	
Office Sought:	Disbursement For: 2014	Transaction ID : SB17.5241
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Special-Primary	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	48025.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 138		
	<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) A. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 26841 S TAMIAMI TRIAL		Amount of Each Disbursement this Period 245.00 Transaction ID : SB17.5431
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. PUBLIX		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 26841 S TAMIAMI TRIAL		Amount of Each Disbursement this Period 62.82 Transaction ID : SB17.5436
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) C. PULSE RED COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 23075.00 Transaction ID : SB17.5541
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement ONLINE ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	23382.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 138	
	<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) A. PULSE RED COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 29630.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name		Transaction ID : SB17.5544
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PULSE RED COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 107600.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name		Transaction ID : SB17.5549
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PULSE RED COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 109000.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name		Transaction ID : SB17.5559
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	246230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 138	
	<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) A. JESSE PURDON		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 3066.67 Transaction ID : SB17.5677
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. JESSE PURDON		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.5678
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) C. JESSE PURDON		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.5681
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	7666.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 138	
	<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) A. JESSE PURDON		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.5682
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) B. MR. CHRIS QUACKENBUSH		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 3045 PROSPERITY WAY		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.5726
City FORT MYERS	State FL	
Zip Code 33913	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 138 CONANT STREET First Floor		Amount of Each Disbursement this Period 2417.70 Transaction ID : SB17.5231
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Special-Primary		

SUBTOTAL of Disbursements This Page (optional).....	5137.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 138	
	<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) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 138 CONANT STREET First Floor		Amount of Each Disbursement this Period 2418.95 Transaction ID : SB17.5232
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. RURAL KING SUPPLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 26831 S TAMIAMI TRL		Amount of Each Disbursement this Period 174.17 Transaction ID : SB17.5444
City BONITA SPRINGS State FL Zip Code 34134	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. RUTH'S CHRIS STEAK HOUSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 23151 VILLAGE SHOPS WAY		Amount of Each Disbursement this Period 328.73 Transaction ID : SB17.5321
City ESTERO State FL Zip Code 33928	Purpose of Disbursement MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2921.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 138	
	<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) A. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1283 MAIN ST.		Amount of Each Disbursement this Period 41824.00
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name		Transaction ID : SB17.5234
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1283 MAIN ST.		Amount of Each Disbursement this Period 13472.00
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name		Transaction ID : SB17.5235
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHIFMAN & CARLSON, P.C.		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 31700 MIDDLEBOLT ROAD Suite 126		Amount of Each Disbursement this Period 5180.00
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Transaction ID : SB17.5534
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	60476.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 138	
	<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) A. SHIFMAN & CARLSON, P.C.		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 31700 MIDDLEBOLT ROAD Suite 126		Amount of Each Disbursement this Period 8100.00 Transaction ID : SB17.5535
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. SHIFMAN & CARLSON, P.C.		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 31700 MIDDLEBOLT ROAD Suite 126		Amount of Each Disbursement this Period 7078.82 Transaction ID : SB17.5536
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. SHIFMAN & CARLSON, P.C.		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 31700 MIDDLEBOLT ROAD Suite 126		Amount of Each Disbursement this Period 17690.00 Transaction ID : SB17.5537
City FARMINGTON HILLS State MI Zip Code 48334	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	32868.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 138	
	<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

A. SIGNED APP

Full Name (Last, First, Middle Initial)
Mailing Address 190 MONROE AVE NW
5th Floor

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 876.70

Transaction ID : SB17.5554

B. MR. WAYNE SMITH

Full Name (Last, First, Middle Initial)
Mailing Address 1385 WOOD DUCK TRAIL

City NAPLES State FL Zip Code 34108

Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 1100.00

Transaction ID : SB17.5744

C. WILLIAM SPINELLI

Full Name (Last, First, Middle Initial)
Mailing Address 2948 BELLFLOWER LN

City NAPLES State FL Zip Code 34105

Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Special-Primary

State: District:

Date of Disbursement: 03 / 21 / 2014

Amount of Each Disbursement this Period: 755.24

Transaction ID : SB17.5762

SUBTOTAL of Disbursements This Page (optional) 2731.94

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 138	
	<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) A. SPOTLIGHT MAGAZINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO BOX 1946		Amount of Each Disbursement this Period 5640.00
City BONITA SPRINGS	State FL	
Zip Code 34133	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.5406
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 6305 NAPLES BLVD		Amount of Each Disbursement this Period 365.54
City NAPLES	State FL	
Zip Code 34109	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5379
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 6305 NAPLES BLVD		Amount of Each Disbursement this Period 24.58
City NAPLES	State FL	
Zip Code 34109	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5382
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6030.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 138	
	<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) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 6305 NAPLES BLVD		Amount of Each Disbursement this Period 80.54
City NAPLES	State FL	
Zip Code 34109	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5383
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 6305 NAPLES BLVD		Amount of Each Disbursement this Period 1059.42
City NAPLES	State FL	
Zip Code 34109	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5384
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. NATALIE STAUDACHER		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 6416 HUNTINGTON LAKES CIRCLE APT 1		Amount of Each Disbursement this Period 860.00
City NAPLES	State FL	
Zip Code 34119	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.5675
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1999.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 138			
	<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) A. STRATEGIC MEDIA PLACEMENT			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 111983.62		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5505		
Purpose of Disbursement MEDIA PLACEMENT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 8810.10		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5506		
Purpose of Disbursement MEDIA PLACEMENT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 27982.50		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5510		
Purpose of Disbursement MEDIA PLACEMENT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	148776.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 138	
	<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) A. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 109785.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5511
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 101500.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 117487.50
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5519
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	328772.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 138	
	<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) A. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 65325.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5521
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 37537.50
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5523
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 136987.50
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	239850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 138	
	<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) A. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 113100.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STRATEGIC MEDIA PLACEMENT		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 65216.06
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement MEDIA PLACEMENT FEES	
Candidate Name		Transaction ID : SB17.5527
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STRATEGIC NATIONAL LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 20000.00
City BONITA SPRINGS State FL Zip Code 34134	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Transaction ID : SB17.5416
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	198316.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 138	
	<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) A. STRATEGIC NATIONAL LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 12179.78 Transaction ID : SB17.5428
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. STRATEGIC NATIONAL LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5435
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGIC NATIONAL LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 10038.90 Transaction ID : SB17.5437
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29718.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 138	
	<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) A. THE CHAMBER OF SOUTHWEST FLORIDA		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 5237 SUMMERLIN COMMONS BLVD., SUIT		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.5272
City FT MYERS	State FL	
Zip Code 33907	Purpose of Disbursement EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. THE COLLIER COUNTY EXEC. COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO BOX 7367		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5344
City NAPLES	State FL	
Zip Code 34101	Purpose of Disbursement EVENT REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 11941 BONITA BEACH ROAD SE		Amount of Each Disbursement this Period 283.17 Transaction ID : SB17.5497
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5643.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 138	
	<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) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 11941 BONITA BEACH ROAD SE		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.5500
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. THE SIMMONS GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5410
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE SIMMONS GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5417
City State Zip Code BONITA SPRINGS FL 34134	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15001.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 138			
	<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) A. THE SIMMONS GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 3291 RIVERPARK CT.			Amount of Each Disbursement this Period 7731.77 Transaction ID : SB17.5429
City BONITA SPRINGS	State FL	Zip Code 34134	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		
State: District:			

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 30200.00 Transaction ID : SB17.5508
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5509
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	38431.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 138			
	<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) A. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.5512
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		State: District:	

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5513
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		State: District:	

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 22500.00 Transaction ID : SB17.5514
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	35500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 138	
	<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) A. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 10000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5515	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 1000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5517	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP FOR MEDIA			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 26000.00	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : SB17.5518	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	37000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 138	
	<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) A. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 17000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name		Transaction ID : SB17.5520
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 50000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name		Transaction ID : SB17.5522
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 37000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name		Transaction ID : SB17.5526
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	104000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 138	
	<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) A. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 12000.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name		Transaction ID : SB17.5528
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE STRATEGY GROUP FOR MEDIA		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 23220.00
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement VIDEO PRODUCTION SERVICES	
Candidate Name		Transaction ID : SB17.5529
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 8951 BONITA BEACH ROAD Suite 525		Amount of Each Disbursement this Period 17.09
City BONITA SPRINGS State FL Zip Code 34135	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.5470
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	35237.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 138	
	<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) A. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 8951 BONITA BEACH ROAD Suite 525		Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.5471
City BONITA SPRINGS State FL Zip Code 34135	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 8951 BONITA BEACH ROAD Suite 525		Amount of Each Disbursement this Period 810.54 Transaction ID : SB17.5480
City BONITA SPRINGS State FL Zip Code 34135	Purpose of Disbursement DELIVERY SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. TITO'S APPLIANCES		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 12535 COLLIER BLVD		Amount of Each Disbursement this Period 227.90 Transaction ID : SB17.5401
City NAPLES State FL Zip Code 34116	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1698.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 138	
	<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) A. TORCHLIGHT PRODUCTIONS, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 7500 COLLEGE PKWY		Amount of Each Disbursement this Period 6135.81
City FORT MYERS	State FL	
Zip Code 33907	Purpose of Disbursement PRINT ADVERTISING	Transaction ID : SB17.5274
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 2545.67
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.5547
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 602.33
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.5564
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9283.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 138	
	<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) A. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 159.07
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.5565
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JOHN T TYMANN		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 825 BENTWATER CIR APT 101		Amount of Each Disbursement this Period 1000.08
City NAPLES State FL Zip Code 34108	Purpose of Disbursement In-kind - FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.5746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 245.00
City BONITA SPRINGS State FL Zip Code 34135	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.5476
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1404.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 138	
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 735.00
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.5498
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 2940.00
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.5501
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 3500.00
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement DATA MANAGEMENT SERVICES	Transaction ID : SB17.5543
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 138	
	<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) A. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 6160.86
City GRAND RAPIDS	State MI Zip Code 49503	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Transaction ID : SB17.5545
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 6160.86
City GRAND RAPIDS	State MI Zip Code 49503	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Transaction ID : SB17.5548
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 161260.00
City GRAND RAPIDS	State MI Zip Code 49503	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Transaction ID : SB17.5550
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	173581.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 138	
	<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) A. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 5311.89
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DATA MANAGEMENT SERVICES	
Candidate Name		Transaction ID : SB17.5557
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 5425.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DATA MANAGEMENT SERVICES	
Candidate Name		Transaction ID : SB17.5558
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 21465.06
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DATA MANAGEMENT SERVICES	
Candidate Name		Transaction ID : SB17.5561
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	32201.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 138	
	<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) A. VICTORY PHONES		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 2699.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DATA MANAGEMENT SERVICES	
Candidate Name		Transaction ID : SB17.5563
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VRM HQ		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 2098.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name		Transaction ID : SB17.5556
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VRM HQ		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 5544.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name		Transaction ID : SB17.5560
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10341.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 138	
	<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) A. JOE WINPISINGER		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 911 SE 19TH TER		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.5641
City CAPE CORAL	State FL Zip Code 33900	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. KARA WRIGHT		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 2495 HARBOR RD		Amount of Each Disbursement this Period 2142.00 Transaction ID : SB17.5667
City NAPLES	State FL Zip Code 34104	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. KARA WRIGHT		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2495 HARBOR RD		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.5668
City NAPLES	State FL Zip Code 34104	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5592.00
TOTAL This Period (last page this line number only).....	2261258.15

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 24 / 2014			<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: []

SUBTOTALS This Period This Page (optional).....	200000.00
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/10.5803**
CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 04 / Y 2014 Y	M M / D D / Y Y Y Y	% (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: []

SUBTOTALS This Period This Page (optional).....	▶	150000.00
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/10.5804
CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 11 / Y 2014	M M / D D / Y Y Y Y	% (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:

SUBTOTALS This Period This Page (optional).....	200000.00
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/10.5805**
CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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 02 / D 18 / Y 2014 Y	M M / D D / Y Y Y Y	% (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: []

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/10.5806**
CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 25 / Y 2014 Y	M M / D D / Y Y Y Y	% (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: []

SUBTOTALS This Period This Page (optional).....	▶	350000.00
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/10.5807

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

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

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

M M / D D / Y Y Y Y
03 / 04 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (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

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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 11 / Y 2014 Y	M M / D D / Y Y Y Y	% (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: []

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/10.5809

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

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

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

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 17 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (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)..... ▶

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/10.5810

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

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

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

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M 03 / D 24 / Y 2014 Y

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (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)..... ▶

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/10.5811**
CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	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 04 / D 02 / Y 2014 Y	M M / D D / Y Y Y Y	% (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: []

SUBTOTALS This Period This Page (optional).....	300000.00
TOTALS This Period (last page in this line only).....	2650000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	