

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

ADDRESS (number and street) 8951 BONITA BEACH RD STE 525-V2014

Check if different than previously reported. (ACC)

BONITA SPRINGS

FL

34135

2. FEC IDENTIFICATION NUMBER

C C00554972

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY
06/05/2014 through 07/14/2014

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

Type or Print Name of Treasurer MARK BREBBERMAN

Signature of Treasurer MARK BREBBERMAN

[Electronically Filed]

Date

MM/DD/YYYY
07/24/2014

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

Table with 8 columns and 1 row for Office Use Only

**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))....	153251.47	491074.17
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	153251.47	490324.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	406441.01	4105370.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	327.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	406441.01	4105043.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	210280.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3825000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

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

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	128762.82	410382.12
(ii) Unitemized.....	8005.32	53132.44
(iii) TOTAL of contributions from individuals ▶	136768.14	463514.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9250.00	17250.00
(d) The Candidate.....	7233.33	10309.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	153251.47	491074.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	175000.00	382500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	175000.00	382500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	327.00
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)..... ▶	328251.47	4316401.17

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	406441.01	4105370.31
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	750.00
(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	750.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	406441.01	4106120.31

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	288470.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	328251.47
25. SUBTOTAL (add Line 23 and Line 24).....	616721.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	406441.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	210280.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 83
	<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)  
**ALBERT AIELLO**

Mailing Address 7117 PELICAN BAY BLVD  
UNIT 17

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  
250.00

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

**Transaction ID : SA11AI.7571**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

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

Mailing Address 8813 TAMIAMI TRAIL, EAST

City NAPLES State FL Zip Code 34113

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

Name of Employer COMMUNITY HOME CARE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7532**

Amount of Each Receipt this Period  
2500.00  
SPECIAL GENERAL

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

Mailing Address 1033 CHANCERY LANE SOUTH

City NASHVILLE State TN Zip Code 37215

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

Name of Employer STEWART HOME SCHOOL Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2014

**Transaction ID : SA11AI.7631**

Amount of Each Receipt this Period  
500.00  
SPECIAL GENERAL

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 83
	<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) <b>A. LARRY R BERGDALE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 23750 VIA TREVI WAY APT 201		<b>Transaction ID : SA11AI.7573</b>	
City BONITA SPRINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period 250.00 SPECIAL GENERAL
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) <b>B. WILLIAM E BINDLEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 4301 CUTLASS LANE		<b>Transaction ID : SA11AI.7483</b>	
City NAPLES	State FL	Zip Code 34102	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C			
Name of Employer BINDLEY CAPITAL PARTNERS	Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM E BINDLEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 4301 CUTLASS LANE		<b>Transaction ID : SA11AI.7637</b>	
City NAPLES	State FL	Zip Code 34102	Amount of Each Receipt this Period 2600.00 SPECIAL GENERAL
FEC ID number of contributing federal political committee. C			
Name of Employer BINDLEY CAPITAL PARTNERS	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 83
	<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) <b>LINDA K BOYLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address 11630 PINE HAMMOCK CIR.		<b>Transaction ID : SA11AI.7555</b>	
City FORT MYERS	State FL	Zip Code 33919	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00 SPECIAL GENERAL	
Name of Employer LEE COUNTY SCHOOL DISTRICT	Occupation ASSISTANT PRINCIPAL		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) <b>MARK A BOYLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address 11630 PINE HAMMOCK CIR.		<b>Transaction ID : SA11AI.7525</b>	
City FORT MYERS	State FL	Zip Code 33919	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00 SPECIAL GENERAL	
Name of Employer BOYLE & GENTILE	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) <b>PETER B BRANDT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 2530 SW 52ND LANE		<b>Transaction ID : SA11AI.7460</b>	
City CAPE CORAL	State FL	Zip Code 33904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 SPECIAL GENERAL	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<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 M BRIAS**

Mailing Address 10421 VIA LOMBARDIA CT

City MIROMAR LAKES State FL Zip Code 33913

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

Name of Employer R M BRLAS CPA LLC Occupation FORENSIC ACCOUNTANT

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  
 06 / 11 / 2014

**Transaction ID : SA11AI.7561**

Amount of Each Receipt this Period  
 250.00  
 SPECIAL GENERAL

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

Mailing Address 23860 TUSCANY CT

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7583**

Amount of Each Receipt this Period  
 500.00  
 SPECIAL GENERAL

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

Mailing Address 23850 VIA ITALIA CIR  
UNIT 601

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  
300.00

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

**Transaction ID : SA11AI.7581**

Amount of Each Receipt this Period  
 300.00  
 SPECIAL GENERAL

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

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

1050.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 83
	<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)  
**LEONARD S CARONIA**

Mailing Address **PO BOX 2349**

City **NAPLES** State **FL** Zip Code **34106**

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

Name of Employer **CARONIA INVESTMENTS CO** Occupation **PRESIDENT**

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

Election Cycle-to-Date  
**1500.00**

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

**Transaction ID : SA11AI.7530**

Amount of Each Receipt this Period  
**1500.00**  
 SPECIAL GENERAL

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

Mailing Address **15031 BALMORAL LOOP**

City **FORT MEYERS** State **FL** Zip Code **33919**

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

Name of Employer **JRL VENTURES INC** Occupation **PRESIDENT MANUFACTURING**

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  
**06 / 13 / 2014**

**Transaction ID : SA11AI.7547**

Amount of Each Receipt this Period  
**500.00**  
 SPECIAL GENERAL

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

Mailing Address **6126 DEER RUN**

City **FT MYERS** State **FL** Zip Code **33908**

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

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE AGENT**

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  
**06 / 17 / 2014**

**Transaction ID : SA11AI.7514**

Amount of Each Receipt this Period  
**500.00**  
 SPECIAL GENERAL

**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 10 OF 83
	<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)  
**ARTHUR COLLINS**

Mailing Address 1778 TARPON BAY DRIVE SOUTH  
UNIT 101

City NAPLES State FL Zip Code 34119

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  
06 / 05 / 2014

**Transaction ID : SA11AI.7564**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

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

Mailing Address 1204 LOGAN LANE

City FORT MYERS State FL Zip Code 33919

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

Name of Employer SOUTHWEST TOWERS, INC. Occupation PRESIDENT

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  
06 / 10 / 2014

**Transaction ID : SA11AI.7630**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

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

Mailing Address 8813 TAMIAMI TRAIL, EAST

City NAPLES State FL Zip Code 34113

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

Name of Employer NURSING NETWORK Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

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

**Transaction ID : SA11AI.7557**

Amount of Each Receipt this Period  
2400.00

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 11 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 8813 TAMIAMI TRAIL, EAST

City State Zip Code  
NAPLES FL 34113

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

Name of Employer Occupation  
NURSING NETWORK PRESIDENT

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  
**06 / 18 / 2014**

**Transaction ID : SA11A1.7558**

Amount of Each Receipt this Period  
**2600.00**  
 SPECIAL GENERAL

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

Mailing Address 9128 STRADA PL.  
#250

City State Zip Code  
NAPLES FL 34108

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

Name of Employer Occupation  
AKERMAN ATTORNEY

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

Election Cycle-to-Date  
**876.30**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : SA11A1.7650**

Amount of Each Receipt this Period  
**376.30**  
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

Mailing Address 9128 STRADA PL.  
#250

City State Zip Code  
NAPLES FL 34108

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

Name of Employer Occupation  
AKERMAN ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
**1876.30**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11A1.7520**

Amount of Each Receipt this Period  
**1000.00**  
 SPECIAL GENERAL

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

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

**3976.30**

**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 83
	<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. STEVE R CRANE**

Mailing Address 1816 LAGOON LANE

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer CRANE PRODUCTION SYSTEMS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.7459**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

SPECIAL GENERAL

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

Mailing Address 1430 CAXAMBAS CT.

City MARCO ISLAND State FL Zip Code 34145

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  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.7489**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

SPECIAL GENERAL

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

Mailing Address 505 SE 30TH TER

City CAPE CORAL State FL Zip Code 33904

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  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.7437**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

SPECIAL GENERAL

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

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

\_\_\_\_\_ 550.00

\_\_\_\_\_

**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 13 OF 83
	<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. WILLIAM G DAVIS**

Mailing Address 8095 VIZCAYA WAY

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 **450.00**

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

**Transaction ID : SA11A1.7475**

Amount of Each Receipt this Period  
**200.00**  
 SPECIAL GENERAL

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

Mailing Address 2544 SW 13TH AVE

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date **512.92**

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

**Transaction ID : SA11A1.7656**

Amount of Each Receipt this Period  
**262.92**  
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

Mailing Address 2544 SW 13TH AVE

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer RETIRED Occupation RETIRED

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

Election Cycle-to-Date **362.93**

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

**Transaction ID : SA11A1.7645**

Amount of Each Receipt this Period  
**262.93**  
 IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

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

**725.85**

**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 83
	<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)  
**JANET B DEILE**

Mailing Address 2544 SW 13TH AVE

City CAPE CORAL State FL Zip Code 33914

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  
**462.93**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : SA11AI.7380**

Amount of Each Receipt this Period  
**100.00**  
 SPECIAL GENERAL

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

Mailing Address 2544 SW 13TH AVE

City CAPE CORAL State FL Zip Code 33914

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  
**712.93**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : SA11AI.7490**

Amount of Each Receipt this Period  
**250.00**  
 SPECIAL GENERAL

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

Mailing Address 7932 GRAND BAY

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  
**4100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11AI.7600**

Amount of Each Receipt this Period  
**1500.00**  
 SPECIAL GENERAL

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

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

**1850.00**

**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 83
	<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) <b>A. JOSEPH T DOYLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2014	
Mailing Address PO BOX 770208		<b>Transaction ID : SA11AI.7654</b>	
City NAPLES	State FL	Zip Code 34107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 430.53 IN-KIND: MARKETING MATERIALS	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 530.53		

Full Name (Last, First, Middle Initial) <b>B. MORRIS D DUNN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 1339 NOBLE HERON WAY		<b>Transaction ID : SA11AI.7590</b>	
City NAPLES	State FL	Zip Code 34105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 SPECIAL GENERAL	
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 600.00		

Full Name (Last, First, Middle Initial) <b>C. KERRY C DUSTIN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 305 5TH AVENUE SOUTH SUITE 206		<b>Transaction ID : SA11AI.7494</b>	
City NAPLES	State FL	Zip Code 34102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00 SPECIAL GENERAL	
Name of Employer TAKE STOCK IN CHILDREN	Occupation PROGRAM DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Election Cycle-to-Date 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3430.53
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 16 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**RAYMOND J EIFLER**

Mailing Address 3651 HERON POINT 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  
06 / 17 / 2014

**Transaction ID : SA11A1.7585**

Amount of Each Receipt this Period  
500.00  
SPECIAL GENERAL

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

Mailing Address 22628 ISLAND PINES WAY  
#1403

City State Zip Code  
FT MYERS BEACH FL 33931

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

Name of Employer Occupation  
SELF-EMPLOYED FINANCIAL ADVISOR

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  
06 / 17 / 2014

**Transaction ID : SA11A1.7617**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

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

Mailing Address 826 BANYAN CT.

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  
06 / 12 / 2014

**Transaction ID : SA11A1.7567**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

**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: PAGE 17 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

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

Mailing Address 1178 HARBOUR COTTAGE CT

City State Zip Code  
SANIBEL FL 33957

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7575**

Amount of Each Receipt this Period  
 250.00  
 SPECIAL GENERAL

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

Mailing Address 3801 FT. CHARLES DR.

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period  
 1500.00  
 SPECIAL GENERAL

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

Mailing Address 3801 FT. CHARLES DR.

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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11AI.7601**

Amount of Each Receipt this Period  
 1500.00  
 SPECIAL GENERAL

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 83
	<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)  
**JOSEPH G FOGG**

Mailing Address P.O. BOX 1097

City: HOLLAND State: OH Zip Code: 43528

FEC ID number of contributing federal political committee: C

Name of Employer: WESTBURY PARTNERS Occupation: CHAIRMAN/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 07 / 02 / 2014

Transaction ID : SA11AI.7635

Amount of Each Receipt this Period: 2600.00

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

Mailing Address P.O. BOX 1097

City: HOLLAND State: OH Zip Code: 43528

FEC ID number of contributing federal political committee: C

Name of Employer: WESTBURY PARTNERS Occupation: CHAIRMAN/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 07 / 02 / 2014

Transaction ID : SA11AI.7636

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 816 LIMPET DRIVE

City: SANIBEL State: FL Zip Code: 33957

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: 06 / 24 / 2014

Transaction ID : SA11AI.7579

Amount of Each Receipt this Period: 250.00

SPECIAL GENERAL

**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 19 OF 83
	<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 R. GRADY**

Mailing Address **PO BOX 10**

City **NAPLES** State **FL** Zip Code **34106**

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

Name of Employer **GRADY LAW** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.7537**

Amount of Each Receipt this Period  
**2400.00**

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

Mailing Address **PO BOX 10**

City **NAPLES** State **FL** Zip Code **34106**

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

Name of Employer **GRADY LAW** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.7538**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **7932 GRAND BAY**

City **NAPLES** State **FL** Zip Code **34108**

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 **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11AI.7541**

Amount of Each Receipt this Period  
**1500.00**  
 SPECIAL GENERAL

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

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

**6500.00**

**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 83
	<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)  
**GLENN W HASSE**

Mailing Address 81 SEAGATE DR.  
#1503

City NAPLES State FL Zip Code 34103

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  
 06 / 24 / 2014

**Transaction ID : SA11AI.7592**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

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

Mailing Address 4824 POND APPLE DR N

City NAPLES State FL Zip Code 34119

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

Name of Employer P & H MACHINE COMPANY 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  
 06 / 16 / 2014

**Transaction ID : SA11AI.7559**

Amount of Each Receipt this Period  
 1000.00

SPECIAL GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT D HIMSCHOOT**

Mailing Address 6482 MORGAN LA FEE LN.

City FORT MYERS State FL Zip Code 33912

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

Name of Employer CREWS ENVIRONMENTAL 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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7533**

Amount of Each Receipt this Period  
 750.00

SPECIAL GENERAL

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 83
	<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)  
**SHIRLEY A HOST**

Mailing Address 26670 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) Other

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11AI.7565**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

**B.** 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  
2000.00

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

**Transaction ID : SA11AI.7539**

Amount of Each Receipt this Period  
1000.00  
SPECIAL GENERAL

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

Mailing Address 5526 BROOKFIELD STREET

City State Zip Code  
LEHIGH ACRES FL 33971

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

Name of Employer Occupation  
IMPERIAL FIRE ALARM AND SECURITY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.7543**

Amount of Each Receipt this Period  
1250.00  
SPECIAL GENERAL

**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 22 OF 83
	<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. ROBERT N JONES**

Mailing Address 13415 KENT ST

City State Zip Code  
NAPLES FL 34109

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

Name of Employer Occupation  
SELF-EMPLOYED SMALL BUSINESS OWNER

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  
06 / 08 / 2014

**Transaction ID : SA11AI.7375**

Amount of Each Receipt this Period  
100.00

SPECIAL GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT N JONES**

Mailing Address 13415 KENT ST

City State Zip Code  
NAPLES FL 34109

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

Name of Employer Occupation  
SELF-EMPLOYED SMALL BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
400.00

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

**Transaction ID : SA11AI.7376**

Amount of Each Receipt this Period  
100.00

SPECIAL GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT N JONES**

Mailing Address 13415 KENT ST

City State Zip Code  
NAPLES FL 34109

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

Name of Employer Occupation  
SELF-EMPLOYED SMALL BUSINESS OWNER

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  
07 / 08 / 2014

**Transaction ID : SA11AI.7369**

Amount of Each Receipt this Period  
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
	<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. ROBERT N JONES**

Mailing Address 13415 KENT ST

City State Zip Code  
NAPLES FL 34109

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

Name of Employer Occupation  
SELF-EMPLOYED SMALL BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 08 2014**

**Transaction ID : SA11AI.7370**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 6981 LAKE DEVONWOOD DRIVE

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer Occupation  
KAGAN LAW FIRM ATTORNEY

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  
**06 10 2014**

**Transaction ID : SA11AI.7516**

Amount of Each Receipt this Period  
**2600.00**

SPECIAL GENERAL

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

Mailing Address 6981 LAKE DEVONWOOD DR

City State Zip Code  
FORT MYERS FL 34135

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

Name of Employer Occupation  
KAGAN, JUGA & ASSOC. PHYSICIAN

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  
**06 10 2014**

**Transaction ID : SA11AI.7501**

Amount of Each Receipt this Period  
**2600.00**

SPECIAL GENERAL

**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: (check only one)	PAGE 24 OF 83
	<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)  
**JOHN 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 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  
 06 / 05 / 2014

**Transaction ID : SA11AI.7492**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

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

Mailing Address 5051 PELICAN COLONY BLVD  
UNIT 1201

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer SELF-EMPLOYED Occupation FINANCIAL CONSULTANT

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7619**

Amount of Each Receipt this Period  
 250.00

SPECIAL GENERAL

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

Mailing Address 3660 GIN LANE

City NAPLES State FL Zip Code 34102

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  
 06 / 19 / 2014

**Transaction ID : SA11AI.7597**

Amount of Each Receipt this Period  
 1000.00

SPECIAL GENERAL

**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 25 OF 83
	<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)  
**TERRENCE B LARKIN**

Mailing Address 839 JONATHAN LANE

City State Zip Code  
BLOOMFIELD HILLS MI 48302

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LEAR CORPORATION ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7553**

Amount of Each Receipt this Period

SPECIAL GENERAL

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

Mailing Address 1801 GALLEON DR.

City State Zip Code  
NAPLES FL 34102-7761

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7485**

Amount of Each Receipt this Period

SPECIAL GENERAL

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

Mailing Address 1801 GALLEON DR

City State Zip Code  
NAPLES FL 34102-7761

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7510**

Amount of Each Receipt this Period

SPECIAL GENERAL

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

**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: PAGE 26 OF 83  
(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)  
**STEPHEN LOCKWOOD**

Mailing Address 1925 GALLEON DRIVE

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
S.J. LOCKWOOD & CO, LLC CHIEF EXECUTIVE OFFICER

Receipt For: 2014  
 Primary     General  
 Other (specify)    Other

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period  
2500.00  
SPECIAL GENERAL

**B.** 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  
2500.00

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

**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
500.00  
SPECIAL GENERAL

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

Mailing Address 5931 BARCLAY LANE

City State Zip Code  
NAPLES FL 34110

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  
2000.00

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

**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  
1500.00  
SPECIAL GENERAL

**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: PAGE 27 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 5931 BARCLAY LN

City NAPLES State FL Zip Code 34110

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

Name of Employer RETIRED Occupation RETIRED - NUCLEAR ENERGY

Receipt For: 2014  
 Primary     General  
 Other (specify)    Other

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

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

**Transaction ID : SA11AI.7599**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

SPECIAL GENERAL

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

Mailing Address 1801 GULF SHORE BLVD NORTH #802

City NAPLES State FL Zip Code 34102

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  
 06 / 24 / 2014

**Transaction ID : SA11AI.7508**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

SPECIAL GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE N MANTZIDIS**

Mailing Address 1185 IMMOKALEE ROAD SUITE 110

City NAPLES State FL Zip Code 34110

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  
 \_\_\_\_\_ 350.00

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

**Transaction ID : SA11AI.7620**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

SPECIAL GENERAL

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

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

\_\_\_\_\_ 2250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<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)  
**PAUL J MARINELLI**

Mailing Address 1823 PRINCESS CT

City State Zip Code  
NAPLES FL 34110

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

Name of Employer Occupation  
ANTONETTI CAPITAL INVESTMENTS

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  
06 / 17 / 2014

**Transaction ID : SA11AI.7522**

Amount of Each Receipt this Period  
250.00  
SPECIAL GENERAL

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

Mailing Address 4439 KENTUCKY WAY

City State Zip Code  
NAPLES FL 34142

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

Name of Employer Occupation  
BEECHWOOD COMPANY PERSONAL ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7524**

Amount of Each Receipt this Period  
2500.00  
SPECIAL GENERAL

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

Mailing Address 116 PALMETTO DUNES CIR

City State Zip Code  
NAPLES FL 34113

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

Name of Employer Occupation  
WASMER SCHROEDER & COMPANY DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7519**

Amount of Each Receipt this Period  
2500.00  
SPECIAL GENERAL

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

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

5250.00

**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 83
	<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)  
**LINDA A MORTON**

Mailing Address 116 PALMETTO DUNES CIR

City State Zip Code  
NAPLES FL 34113

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  
2500.00

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

**Transaction ID : SA11AI.7496**

Amount of Each Receipt this Period  
2500.00

SPECIAL GENERAL

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

Mailing Address 7993 VIA VECCHIA

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  
2500.00

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

**Transaction ID : SA11AI.7593**

Amount of Each Receipt this Period  
500.00

SPECIAL GENERAL

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

Mailing Address 7993 VIA VECCHIA

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  
3246.72

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

**Transaction ID : SA11AI.7594**

Amount of Each Receipt this Period  
500.00

SPECIAL GENERAL

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

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

3500.00

**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 83
	<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)  
**MASI L NEFF**

Mailing Address 3448 RUNAWAY LANE

City NAPLES State FL Zip Code 34114-8440

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.7569**

Amount of Each Receipt this Period  
 250.00

SPECIAL GENERAL

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

Mailing Address 5466 ORCHARD RIDGE DRIVE

City OAKLAND TOWNSHIP State MI Zip Code 48306

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

Name of Employer LEAR CORPORATION Occupation AUTOMOTIVE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.7549**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD A ST. PARKER**

Mailing Address 23850 VIA ITALIA CIR  
FLORENCIA 703

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer JP MORGAN CHASE Occupation COMMERCIAL BANKER

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7545**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

**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 31 OF 83
	<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)  
**KATHLEEN PASSIDOMO**

Mailing Address 2200 SOUTHWINDS DR

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
KELLY PASSIDOMO & ALBA, LLP 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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7502**

Amount of Each Receipt this Period  
 1000.00

SPECIAL GENERAL

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

Mailing Address 3725 FORT CHARLES DR

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
MANHATTAN CONSTRUCTION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.7556**

Amount of Each Receipt this Period  
 2500.00

SPECIAL GENERAL

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

Mailing Address 23851 TUSCANY 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) Special-General

Election Cycle-to-Date  
405.00

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

**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  
 405.00

IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

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

3905.00

**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 83
	<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)  
**ANTHONY PIETROWSKI**

Mailing Address 23851 TUSCANY 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  
**1405.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : SA11AI.7562**

Amount of Each Receipt this Period  
**1000.00**  
 SPECIAL GENERAL

**B.** 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  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2014**

**Transaction ID : SA11AI.7523**

Amount of Each Receipt this Period  
**1000.00**  
 SPECIAL GENERAL

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

Mailing Address 3120 LEEWARD LANE

City State Zip Code  
NAPLES FL 34103

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

Name of Employer Occupation  
FIFTH AVENUE ADVISORS PARTNER

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

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA11AI.7643**

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).....

**2250.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
	<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)  
**GARY B PRICE**

Mailing Address 3120 LEEWARD LANE

City NAPLES State FL Zip Code 34103

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

Name of Employer FIFTH AVENUE ADVISORS Occupation PARTNER

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 Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.7535**

Amount of Each Receipt this Period  
**500.00**  
 SPECIAL GENERAL

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

Mailing Address 5781 CAPE HARBOUR DRIVE  
UNIT 1507

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer SELF-EMPLOYED Occupation BUSNISS OWNER

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.7512**

Amount of Each Receipt this Period  
**300.00**  
 SPECIAL GENERAL

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

Mailing Address PO BOX 930

City IMMOKALEE State FL Zip Code 34143

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

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  
 06 / 24 / 2014

**Transaction ID : SA11AI.7625**

Amount of Each Receipt this Period  
**500.00**  
 SPECIAL GENERAL

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

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

**1300.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 83  
(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)  
**AMELIA B QUAREMBA**

Mailing Address 5051 PELICAN COLONY BLVD  
APT 1604

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  
06 / 17 / 2014

**Transaction ID : SA11A1.7587**

Amount of Each Receipt this Period  
500.00  
SPECIAL GENERAL

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

Mailing Address 5051 PELICAN COLONY BLVD  
UNIT 1604

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-General

Election Cycle-to-Date  
440.00

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

**Transaction ID : SA11A1.7648**

Amount of Each Receipt this Period  
405.00  
IN-KIND: FACILITY RENTAL/CATERING SERVICES

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

Mailing Address 5051 PELICAN COLONY BLVD  
UNIT 1604

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  
1440.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2014

**Transaction ID : SA11A1.7596**

Amount of Each Receipt this Period  
1000.00  
SPECIAL GENERAL

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

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

1905.00

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

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

FOR LINE NUMBER: PAGE 35 OF 83  
(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)  
**JACQUELINE MONIQUE REED**

Mailing Address 2948 BELLFLOWER LANE

City State Zip Code  
NAPLES FL 34105

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11A1.7497**

Amount of Each Receipt this Period  
 2500.00  
 SPECIAL GENERAL

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

Mailing Address 7633 MULBERRY LN

City State Zip Code  
NAPLES FL 34114

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

Name of Employer Occupation  
SELF-EMPLOYED RESTAURANT OWNER

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  
 06 / 12 / 2014

**Transaction ID : SA11A1.7623**

Amount of Each Receipt this Period  
 500.00  
 SPECIAL GENERAL

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

Mailing Address 2285 ROYAL LANE

City State Zip Code  
NAPLES FL 34135

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

Name of Employer Occupation  
ROSIER INSURANCE INSURANCE AGENT

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  
 06 / 11 / 2014

**Transaction ID : SA11A1.7611**

Amount of Each Receipt this Period  
 1000.00  
 SPECIAL GENERAL

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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)  
**PAMELA ROSSITER**

Mailing Address 21557 TELEGRAPH

City SOUTHFIELD State MI Zip Code 48034

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  
 06 / 24 / 2014

**Transaction ID : SA11AI.7499**

Amount of Each Receipt this Period  
 2600.00

SPECIAL GENERAL

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

Mailing Address 21557 TELEGRAPH

City SOUTHFIELD State MI Zip Code 48034

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  
 06 / 17 / 2014

**Transaction ID : SA11AI.7589**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

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

Mailing Address 21557 TELEGRAPH

City SOUTHFIELD State MI Zip Code 48034

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  
 06 / 24 / 2014

**Transaction ID : SA11AI.7607**

Amount of Each Receipt this Period  
 2100.00

SPECIAL GENERAL

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

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

5200.00

**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 83
	<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)  
**SAM J SAAD**

Mailing Address 1915 COCOPLUM WAY

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

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

**Transaction ID : SA11AI.7606**

Amount of Each Receipt this Period  
 2100.00

SPECIAL GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW  
STE 550

City WASHIGNTON State DC Zip Code 20036

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 Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.7476**

Amount of Each Receipt this Period  
 2500.00

SPECIAL GENERAL

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

Mailing Address 490 PALM CIRCLE W

City NAPLES State FL Zip Code 34102

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11AI.7608**

Amount of Each Receipt this Period  
 2400.00

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

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

7000.00

**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 83
	<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)  
**FRED SCHULTE**

Mailing Address 490 PALM CIRCLE W

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  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.7609**

Amount of Each Receipt this Period  
2600.00

SPECIAL GENERAL

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

Mailing Address 489 CYPRESS WAY E

City State Zip Code  
NAPLES FL 34110

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

Name of Employer Occupation  
CARDIO-IMAGING OF NAPLES PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.7527**

Amount of Each Receipt this Period  
2500.00

SPECIAL GENERAL

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

Mailing Address PO BOX 8237

City State Zip Code  
NAPLES FL 34101

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.7528**

Amount of Each Receipt this Period  
250.00

SPECIAL GENERAL

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

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

5350.00

**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 39 OF 83
	<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)  
**RAYMOND E. SCOTT**

Mailing Address 1197 PILGRIM

City BIRMINGHAM State MI Zip Code 48009

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

Name of Employer LEAR CORPORATION Occupation AUTOMOTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.7551**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 16918 TIMBERLAKES DR.

City FT MYERS State FL Zip Code 33908

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  
 06 / 18 / 2014

**Transaction ID : SA11AI.7506**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

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

Mailing Address 3291 RIVERPARK CT

City BONITA SPRINGS State FL Zip Code 34134

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

Name of Employer THE SIMMONS GROUP 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  
 06 / 10 / 2014

**Transaction ID : SA11AI.7311**

Amount of Each Receipt this Period  
 20.14

SPECIAL GENERAL

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

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

1020.14

**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 83
	<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)  
**MATTHEW SIMONCINI**

Mailing Address 935 THREE MILE DRIVE

City State Zip Code  
GROSSE POINTE PARK MI 48230

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

Name of Employer Occupation  
LEAR CORPORATION 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  
06 / 19 / 2014

**Transaction ID : SA11AI.7554**

Amount of Each Receipt this Period  
1000.00

SPECIAL GENERAL

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

Mailing Address 28920 REGIS CT

City State Zip Code  
BONITA SPRINGS FL 34134

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

Name of Employer Occupation  
CITY OF BONITA SPRINGS COUNCILMAN

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date  
700.00

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

**Transaction ID : SA11AI.7531**

Amount of Each Receipt this Period  
250.00

SPECIAL GENERAL

**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  
TITAN HOMES PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4733.94

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.7627**

Amount of Each Receipt this Period  
639.35

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

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

1889.35



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

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

FOR LINE NUMBER: PAGE 41 OF 83  
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 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)  
**WILLIAM SPINELLI**

Mailing Address 2948 BELLFLOWER LN

City NAPLES State FL Zip Code 34105

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

Name of Employer TITAN HOMES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) OTHER

Election Cycle-to-Date **6594.59**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : SA11AI.7638**

Amount of Each Receipt this Period  
**1860.65**  
 SPECIAL GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD A ST. JEAN**

Mailing Address 23850 VIA ITALIA CIR  
UNIT 1001

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 Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.7577**

Amount of Each Receipt this Period  
**250.00**  
 SPECIAL GENERAL

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

Mailing Address 7819 COCOBAY CT

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 Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.7595**

Amount of Each Receipt this Period  
**1000.00**  
 SPECIAL GENERAL

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

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

**3110.65**

**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 83
	<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)  
**PAMELA STEWART**

Mailing Address 280 2ND STREET S

City: NAPLES State: FL Zip Code: 34102

FEC ID number of contributing federal political committee: C

Name of Employer: STEWART LAW FIRM Occupation: ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 486.25

Date of Receipt: 06 / 17 / 2014

**Transaction ID : SA11A1.7517**

Amount of Each Receipt this Period: 250.00

SPECIAL GENERAL

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

Mailing Address 294 LITTLE HARBOR LANE

City: NAPLES State: FL Zip Code: 34102

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: DIRECTOR/TRUSTEE

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 13 / 2014

**Transaction ID : SA11A1.7626**

Amount of Each Receipt this Period: 1000.00

SPECIAL GENERAL

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

Mailing Address 715 TENTH STREET SOUTH

City: NAPLES State: FL Zip Code: 34102

FEC ID number of contributing federal political committee: C

Name of Employer: SUTTON COMPANY Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 18 / 2014

**Transaction ID : SA11A1.7632**

Amount of Each Receipt this Period: 2500.00

SPECIAL GENERAL

**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 43 OF 83
	<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)  
**JOAN F TOBIN**

Mailing Address 2434 BELMONT RD., NW

City WASHINGTON State DC Zip Code 20008

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

Name of Employer NEAPOLITAN ENTERPRISES 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  
 06 / 21 / 2014

**Transaction ID : SA11AI.7515**

Amount of Each Receipt this Period  
 2500.00

SPECIAL GENERAL

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

Mailing Address 2566 LANTERN LANE

City NAPLES State FL Zip Code 34102

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

**Transaction ID : SA11AI.7628**

Amount of Each Receipt this Period  
 2500.00

SPECIAL GENERAL

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

Mailing Address 22 IRVING ST  
APT 5

City BOSTON State MA Zip Code 02114

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

Name of Employer SACHEM STRATEGIES Occupation PRINCIPAL

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  
 06 / 09 / 2014

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

**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 44 OF 83
	<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)  
**ANN G WASMER**

Mailing Address 642 BOUGAINVILLEA RD.

City NAPLES State FL Zip Code 34102

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  
 06 / 21 / 2014

**Transaction ID : SA11AI.7604**

Amount of Each Receipt this Period  
 1500.00

SPECIAL GENERAL

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

Mailing Address 642 BOUGAINVILLEA RD.

City NAPLES State FL Zip Code 34102

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  
 06 / 21 / 2014

**Transaction ID : SA11AI.7603**

Amount of Each Receipt this Period  
 1500.00

SPECIAL GENERAL

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

Mailing Address 4 SHARP HILL LANE

City RIDGEFIELD State CO Zip Code 06877

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

Name of Employer SELF EMPLOYED Occupation SEARCH CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date

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

**Transaction ID : SA11AI.7615**

Amount of Each Receipt this Period  
 500.00

SPECIAL GENERAL

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

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

3500.00

**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 83
	<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) <b>A. MARGARET E WATSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 4 SHARP HILL LANE		<b>Transaction ID : SA11AI.7633</b>
City RIDGEFIELD	State CO	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00 SPECIAL GENERAL
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 2000.00	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	128762.82

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

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

FOR LINE NUMBER: PAGE 46 OF 83  
(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)  
**CIVIC FORUM PAC**

Mailing Address P.O. BOX 365

City State Zip Code  
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C C00461145**

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  
06 / 24 / 2014

**Transaction ID : SA11C.7478**

Amount of Each Receipt this Period  
250.00

SPECIAL GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**FREEDOM PROJECT; THE**

Mailing Address 320 1ST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.7482**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE I

City State Zip Code  
WEST CHESTER OH 45069

FEC ID number of contributing federal political committee. **C C00237198**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.7479**

Amount of Each Receipt this Period  
2000.00

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

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

7250.00

**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 47 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

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 Y Y  
 06 / 10 / 2014

**Transaction ID : SA11C.7480**

Amount of Each Receipt this Period  
 2000.00

SPECIAL GENERAL

**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).....

2000.00

9250.00

**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 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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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-General

Election Cycle-to-Date  
**3660309.61**

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

**Transaction ID : SA11D.7641**

Amount of Each Receipt this Period  
**7233.33**

IN-KIND: TRAVEL:LODGING

**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).....

**7233.33**

**7233.33**



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

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

FOR LINE NUMBER: PAGE 49 OF 83  
(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)  
**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)

Election Cycle-to-Date  
**3835309.61**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**07 14 2014**

**Transaction ID : SA13A.7288**

Amount of Each Receipt this Period  
**175000.00**

**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

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

Amount of Each Receipt this Period

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

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

**175000.00**

**175000.00**

**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 50 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CURTIS J CLAWSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 8951 BONITA BEACH RD STE 525-V2014		Amount of Each Disbursement this Period 7233.33
City State Zip Code BONITA SPRINGS FL 34135	Purpose of Disbursement IN-KIND: TRAVEL:LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.7642
Office Sought: <input checked="" 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-General	State: FL District: 19	

Full Name (Last, First, Middle Initial) <b>B. COASTAL STAFFING SERVICE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4949 TAMIAMI TRAIL NORTH Suite 202		Amount of Each Disbursement this Period 10535.52
City State Zip Code NAPLES FL 34103	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7227
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 105184		Amount of Each Disbursement this Period 352.26
City State Zip Code ATLANTA GA 30348	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7228
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18121.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CAMERON COWGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 19789 CR 1548		Amount of Each Disbursement this Period 1060.00
City ADA State OK Zip Code 74820	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7223
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-General	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CAMERON COWGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 19789 CR 1548		Amount of Each Disbursement this Period 440.00
City ADA State OK Zip Code 74820	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7224
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MR. JOE B COX</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 9128 STRADA PL. #250		Amount of Each Disbursement this Period 376.30
City NAPLES State FL Zip Code 34108	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.7651
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-General	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1876.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. MR. BILL DEILE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014		
Mailing Address 2544 SW 13TH AVE			Amount of Each Disbursement this Period 262.92		
City CAPE CORAL	State FL	Zip Code 33914	Transaction ID : SB17.7657		
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 <input checked="" type="checkbox"/> Other (specify) Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JANET B DEILE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014		
Mailing Address 2544 SW 13TH AVE			Amount of Each Disbursement this Period 262.93		
City CAPE CORAL	State FL	Zip Code 33914	Transaction ID : SB17.7646		
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 <input checked="" type="checkbox"/> Other (specify) Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JOSEPH T DOYLE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014		
Mailing Address PO BOX 770208			Amount of Each Disbursement this Period 430.53		
City NAPLES	State FL	Zip Code 34107	Transaction ID : SB17.7655		
Purpose of Disbursement IN-KIND: MARKETING MATERIALS		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-General				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	956.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. EDESIGN CO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 58612.00 <b>Transaction ID : SB17.7230</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FPL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address GENERAL MAIL FACILITY		Amount of Each Disbursement this Period 223.39 <b>Transaction ID : SB17.7231</b>
City MIAMI	State FL	
Zip Code 33188	Purpose of Disbursement UTILITIES	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-General	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GREATER NAPLES CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 2390 TAMiami TRAIL N #210		Amount of Each Disbursement this Period 212.00 <b>Transaction ID : SB17.7233</b>
City NAPLES	State FL	
Zip Code 34103	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-General	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59047.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. GUITAR CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 4440 FOWLER ST		Amount of Each Disbursement this Period 68.89
City FORT MYERS	State FL	
Zip Code 33901	Purpose of Disbursement EVENT STAGING EXPENSE	Transaction ID : SB17.7234
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-General	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATT HURLEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 12181 LIVEOAK DRIVE		Amount of Each Disbursement this Period 6250.00
City FORT MYERS	State FL	
Zip Code 33908	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7241
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVID JAMES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 401 12TH STREET SOUTH #2022		Amount of Each Disbursement this Period 5738.57
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7229
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-General	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12057.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. MACHADO &amp; CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4843 RESERVOIR ROAD, NW		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Zip Code 20037	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.7240
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 27251 BAY LANDING DR		Amount of Each Disbursement this Period 45.95
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.7242
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAPA JOHN'S</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 27990 S TAMiami TRL		Amount of Each Disbursement this Period 46.57
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement TRAVEL: FOOD	Transaction ID : SB17.7244
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-General	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2592.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PARTY CITY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 8070 MEDITERRANEAN DRIVE		Amount of Each Disbursement this Period 71.66
City ESTERO State FL Zip Code 33928	Purpose of Disbursement EVENT STAGING EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.7245</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period 400.00
City SAN JOSE State CA Zip Code 95131	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.7248</b>
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-General	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HELEN PFERDEHIRT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 8600 NW 11 CT		Amount of Each Disbursement this Period 1050.00
City PEMBROKE PINES State FL Zip Code 33024	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.7235</b>
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-General	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1521.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. HELEN PFERDEHIRT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 8600 NW 11 CT		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.7236</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY PIETROWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 23851 TUSCANY WAY		Amount of Each Disbursement this Period 405.00 <b>Transaction ID : SB17.7653</b>
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 <input checked="" type="checkbox"/> Other (specify) Special-General	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GARY B PRICE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3120 LEEWARD LANE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.7644</b>
City NAPLES	State FL	
Zip Code 34103	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 <input checked="" type="checkbox"/> Other (specify) Special-General	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1405.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PUBLIC OPINION STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>214 NORTH FAYETTE STREET</b>		Amount of Each Disbursement this Period <b>15000.00</b> <b>Transaction ID : SB17.7249</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>STRATEGY CONSUTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PUBLIX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 24 / 2014</b>
Mailing Address <b>26841 S TAMIAMI TRIAL</b>		Amount of Each Disbursement this Period <b>195.76</b> <b>Transaction ID : SB17.7250</b>
City <b>BONITA SPRINGS</b> State <b>FL</b> Zip Code <b>34134</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
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) <b>Special-General</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PUBLIX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 25 / 2014</b>
Mailing Address <b>26841 S TAMIAMI TRIAL</b>		Amount of Each Disbursement this Period <b>829.34</b> <b>Transaction ID : SB17.7251</b>
City <b>BONITA SPRINGS</b> State <b>FL</b> Zip Code <b>34134</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16025.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PUBLIX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 26841 S TAMIAMI TRIAL		Amount of Each Disbursement this Period 7.98
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.7252
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PULSERED COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 190 MONROE AVE NW 5TH FLOOR		Amount of Each Disbursement this Period 5042.13
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement DIGITAL CONSULTING	Transaction ID : SB17.7253
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JESSE PURDON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 26861 SILVERADO DRIVE EAST		Amount of Each Disbursement this Period 7020.73
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7237
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12070.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JAMES A QUAREMBA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 5051 PELICAN COLONY BLVD UNIT 1604		Amount of Each Disbursement this Period 405.00 <b>Transaction ID : SB17.7649</b>
City BONITA SPRINGS State FL Zip Code 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-General	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 138 CONANT STREET First Floor		Amount of Each Disbursement this Period 5042.20 <b>Transaction ID : SB17.7254</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1283 MAIN ST.		Amount of Each Disbursement this Period 12278.28 <b>Transaction ID : SB17.7255</b>
City DUBLIN State NH Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	17725.48
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SHIFMAN &amp; CARLSON, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 31700 MIDDLEBOLT ROAD Suite 126			Amount of Each Disbursement this Period 9500.50	
City FARMINGTON HILLS	State MI	Zip Code 48334	Transaction ID : SB17.7256	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. SPOTLIGHT MAGAZINES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 1946			Amount of Each Disbursement this Period 3893.40	
City BONITA SPRINGS	State FL	Zip Code 34133	Transaction ID : SB17.7259	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 6305 NAPLES BLVD			Amount of Each Disbursement this Period 54.05	
City NAPLES	State FL	Zip Code 34109	Transaction ID : SB17.7260	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13447.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC NATIONAL LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 27499 RIVERVIEW CENTER BLVD.		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.7261</b>
City BONITA SPRINGS	State FL	
Zip Code 34134	Purpose of Disbursement DIGITAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. THE HOME DEPOT</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 11941 BONITA BEACH ROAD SE		Amount of Each Disbursement this Period 6.31 <b>Transaction ID : SB17.7266</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. THE SIMMONS GROUP</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 3291 RIVERPARK CT.		Amount of Each Disbursement this Period 7529.83 <b>Transaction ID : SB17.7267</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22536.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 83	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. THE STRATEGY GROUP FOR MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 13000.00
City DELAWARE	State OH Zip Code 43015	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Transaction ID : SB17.7268
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 8951 BONITA BEACH ROAD Suite 525		Amount of Each Disbursement this Period 2312.70
City BONITA SPRINGS	State FL Zip Code 34135	
Purpose of Disbursement DELIVERY SERVICES		Transaction ID : SB17.7269
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-General	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE UPS STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 8951 BONITA BEACH ROAD Suite 525		Amount of Each Disbursement this Period 136.64
City BONITA SPRINGS	State FL Zip Code 34135	
Purpose of Disbursement DELIVERY SERVICES		Transaction ID : SB17.7270
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-General	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15449.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 186.51
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT SERVICES	
Candidate Name		Transaction ID : SB17.7271
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-General	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 269.78
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT SERVICES	
Candidate Name		Transaction ID : SB17.7272
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-General	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 776.25
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT SERVICES	
Candidate Name		Transaction ID : SB17.7273
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-General	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1232.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 272.04 <b>Transaction ID : SB17.7274</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 190 MONROE AVENUE NW, STE. 500		Amount of Each Disbursement this Period 240.75 <b>Transaction ID : SB17.7275</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 19.99 <b>Transaction ID : SB17.7276</b>
City BONITA SPRINGS State FL Zip Code 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-General	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	532.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 83		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 74.99
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7277
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-General	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 69.10
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7278
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 79.40
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7279
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	223.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 83		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 6.20
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7280
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 26150 OLD 41 RD		Amount of Each Disbursement this Period 98.00
City BONITA SPRINGS	State FL	
Zip Code 34135	Purpose of Disbursement POSTAGE	Transaction ID : SB17.7281
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VICTORY PHONES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 33204.72
City GRAND RAPIDS	State MI	
Zip Code 49503	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.7282
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33308.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VICTORY PHONES LIVE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 2900 WILSON AVE SW #101		Amount of Each Disbursement this Period 116069.25
City GRANDVILLE State MI Zip Code 49418	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name		Transaction ID : SB17.7284
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VICTORY PHONES LIVE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2900 WILSON AVE SW #101		Amount of Each Disbursement this Period 32506.25
City GRANDVILLE State MI Zip Code 49418	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name		Transaction ID : SB17.7285
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. VRM HQ</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 190 MONROE AVE NW 5th Floor		Amount of Each Disbursement this Period 22821.99
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name		Transaction ID : SB17.7286
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	171397.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. KARA WRIGHT</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 2495 HARBOR RD		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.7238</b>
City NAPLES	State FL	
Zip Code 34104	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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	406027.89

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

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

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

City	State	ZIP Code
BONITA SPRINGS	FL	34135

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	01 / 24 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
02 / 04 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
02 / 11 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



# SCHEDULE C (FEC Form 3) LOANS

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
02 / 18 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
02 / 25 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	350000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5807**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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
250000.00	0.00	250000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 04 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	250000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

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

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

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/10.5808

**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

03 / 11 / 2014

Date Due

12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

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/10.5809  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

City	State	ZIP Code
BONITA SPRINGS	FL	34135

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 17 / Y 2014	M M / D D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	300000.00
<b>TOTALS</b> This Period (last page in this line only).....	
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/10.5810**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
03 / 24 / 2014	12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5811**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>CURTIS J CLAWSON</b>	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:
04 / 02 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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/10.6205

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

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

**[PERSONAL FUNDS]**

Election: 2014

**CURTIS J CLAWSON**

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

750000.00

0.00

750000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

11

2014

12/31/2014

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

750000.00

**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/10.6206**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

City	State	ZIP Code
BONITA SPRINGS	FL	34135

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 30 / Y 2014	M M / D D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6207**  
**CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**

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

City	State	ZIP Code
BONITA SPRINGS	FL	34135

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 03 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

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

City	State	ZIP Code
BONITA SPRINGS	FL	34135

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 14 / Y 2014	M M / D D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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