

		ファースパファ
UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	2017 JAN 31 PM 1: 24
Name: CURTIS J. CLAWSON Day	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any
		individual who files more than 30 days late.
FILER X Member of or Candidate for State: FL U.S. House of Representatives District: 19	Officer or Employing Office:	
REPORT 2015 Annual (Due: May 16, 2016) /	Amendment X Termination Date of Termination:	mination: 01/02/2017
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	No Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	n the current calendar Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	child receive any Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X Reporting period?	*	child receive any totaling more than Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X isability (more than \$10,000) at any point during the reporting period?	No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	or article during the Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offer the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this qu	"yes" to this question, please contact Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Eth this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Ha	disclosed. Have you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabithree tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all consulted with the Committee on Ethics.	because they meet all Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

	Name: CURTIS J. CLAWSON
	Page 2 of 13

E ATTACHE	SEE ATTACHED x	Examples: Simon & Schuster ABC Hedge Fund X	SP Mega Corp. Stock	For a detailed discussion of Schedule requirements, please refer to the instruction booklet	If you so choose, you may indicate that an easet or income source is that of your spouse (SP) or dependent child (DC), or jointly had with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is a Excepted investment Fund, please check the "El box.	lude: Your personal reses and vacation homes me during the reporting test in, or income dement program, including	For an ownership interest in a pitch state of publicly traded, at business, the nature of its geographic location in Block A.	For rental and other real property held provide a complete address or de "rental property," and a city and state.	benk and other ⇔ If interest-bearing io0, list every fina e than \$1,000 in in	all IRAs and ot (k) plans) provide account that excess	income during the year. Provide complete names of stoce to the complete names of stoce and the complete names of stoce and the complete in th	production of income exceeding \$1,000 at and (b) any other income that generate	Asset and/	
			4	Schedule A tion backlet.	that an asset or spouse (SP) or sed with anyone ar left.	ed fund that is an lease check the "EIF"	Exclude: Your personal residence, including second fromes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-beating accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	(Not not use only awar symbols). For all IRAs and other retirement plans (such as 401(k) plans) provided the value for each asset heid in the account that exceeds the reporting thresholds.	income during the year. Provide complete names of stocks and mutual funds (for not use only theker expresse)	production of noome and with a fair market value production of noome and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'uneamed' income that generated more than \$200 in 'uneamed'.	Asset and/or income Source	BLOCK A
				None						>		<u> </u>			
				\$1-\$1,000						œ	1	hava	n ast		
		Հ		\$1,001-\$15,0	000					C	1	Sis i	100 THE TOTAL THE TANK		
		ndefinite									1	*Column M is for ass you have no interest	8 0		
				\$15,001- \$5 0	,000					0]	88 2	A De a		- 1
			×	\$50,001-\$10	0,000,0					М		e e	Jan 13	. ×	
				\$100,001-\$2	50,000					71]	Column M is for assets held by your spouse or dependent child in which to have no interest.	valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only in the property of the method only in the property of th	Value of Asset	
	×	×		\$250,001-\$5	000,000					ေ]	ir spo	eporti		BLOCK B
				\$500,001-\$1	,000,000					Ŧ	1	use o		550	٦
				\$1,000,001-	5,000,000					_	1	de de	enio e	•	
				\$5,000,0014	25,000,000				•	-	1	ende	3 8	<u> </u>	
		_		\$25,000,001	\$50,000,000						1	랖	'is 60.} 'jo 47.;	≦. ≖	J
				Over \$50,00	0,000					-	1	<u>5</u>	then	Į	ı
		-	-	Spouse/DC /	Asset over \$1,0	00,000*				£	•	Anich	d at the		ı
	-	+		NONE											\dashv
		+	×	DIVIDENDS							1	for ass if the si period.	generate tax-deferred income (such as generate tax-deferred income (such as 529 bocounts), you may check the column. Dividends, interest, and even if reinvested, must be disclosed.	<u> </u>	ı
		-	<u> </u>	RENT						•	ł	200		<u>}</u>	ı
	╀	-	+	INTEREST							ł	i Piet	4 × 6	-	
	\vdash	+-	-	CAPITAL GA	INIC						ł	aled in		Type of Income	
	\vdash	+			BLIND TRUST					<u></u>	ł	3 5		9	BLOCK C
	_			TAX-DEFER								X DOO	1 (SUC	- 5	ဂ်
				IMPORTER										ੂ ਛੋ	
	Income	Royalties		Other Type of (Specify: e.g	of Income Partnership Ir	ncome or Fa	rm Income)						# # - :	<u>. </u>	
	 _			None							j (§	accounts. generated.	may categories	7	
	╙┸			\$1-\$200						=	Ş.	in the second	on one of		
	 _	×		\$201-\$1,000						=	¥ 5	<u>.</u> Σ			
			×	\$1,001-\$2,50	00					₹	in which you have no interest	T OK	None None	_ ≥	
	×	×		\$2,501-\$5,00	20					<	intere	i i		Amount of Income	
		_1		\$5,001-\$15,0	300					≤	وَ جُوْ	₹ 6,	necki.	1	Ę.
				\$15,001-\$50	,000					≨]	3	20 a a a a 20 2 <u>a</u> a •	, X	BLOCK D
				\$50,001-\$10	0,000		•			≦	}	noo inco		S	
				\$100,001-\$1	,000,000					×		8 8	er as	ā	
			\Box	\$1,000,001-	\$5,000,000					×	1 \$	88		; D	
				Over \$5,000	,000					×	n which you have no interest.	Check "None" If no income was earned or	may check the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gairs, even if reinvested, must be disclosed as income for assets held in taxable.	}	
				Spouse/DC	Asset with Inco	me over \$1,0	*000,000			Ř		<u> </u>	elow.		
			S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	# only a portion of an asset was sold please indicate as follows: (S (part)).	exceeding \$1,000 in the reporting period.	asset had purchases (P), sales (S), or exchanges (E)	Transaction	BLOCK €

ML BANK DEPOSITS ISHARES MISCI EAFE LYRICAL US VALUE EQUITY MATTHEWS ASIA DIVIDEND NUVEEN HIGH YIELD BOND OAKMARK SELECT PRINCIPAL SICLOBAL DIVERSIFIED PARAMETRIC EMERCING MARKETS PRINCIPAL GLOBAL DIVERSIFIED PARAMETRIC EMERCING MARKETS PRINCIPAL GLOBAL DIVERSIFIED PARAMETRIC EMERCING MONTH FUND SMEAD VALUE THORNBURG INVESTIMENT HONDE PUTINAM EUROPE EQUITY DEUTSCHE EANK DEPOSITS CLEARBRIDGE SMALL CAP GROWTH FUND DEUTSCHE CAPITAL GROWTH FUND DEUTSCHE CAPITAL GROWTH FUND DEUTSCHE CAPITAL GROWTH FUND MFS VALUE FUND MFS EMERGING MARKETS DEBT FUND BLACKROCK HIGH YIELD BOND PORTFOLIO BARD INTERMEDIATE MUNICIPAL BOND INVESCO EUROPEAN GROWTH FUND JANORAN USD EMERGING MARKETS BOND FUND ISHARES RUSSELL 2000 ETF WISDOMTREE LAPAN HEDGED EG ETF	BLOCK A Asset and/or income Source
\$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$1,000,000 \$250,001 - \$5,000,000 \$250,001 - \$5,000,000 \$250,001 - \$5,000,000	Value of Asset A B C D E F G H J K L M
NONE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BLOCK C Type of Income
X X \$201 - \$1,000 X X \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$1,5000 X X X X X X X X X \$15,001 - \$50,000 \$15,001 - \$50,000 \$100,000 \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,000 \$5,000,000 Spouse/DC Asset over \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000	Amount of Income Amount of Income
had purchases (P), sales (S), or sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000. P P P S(PART), P	BLOCK E

SCHEDULE B - TRANSACTIONS

Name: CURTIS J. CLAWSON Page 5 **ef** 13

				-						SEE ATTACHED	Sp Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sele of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "perital sele" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the recording period of any security or real property held by you, your spouse, or your
													Purchase		ار
													Sale		Type of Transaction
									•		×		Partial Sale		ransact
				 	 								Exchange		on
											×		Check Box if Cap Exceeded \$200	pital Gain	
											3/5/15		Monthly, or Bi- weekly, if applicable	(MODAYR) or Quarterly,	Date
													\$1,001- \$15,000	>	П
											×		\$15,001- \$50,000	69	
													\$50,001- \$100,000	c	
													\$100,001- \$250,000	0	Ą
													\$250,001- \$500,000	m	Amount
													\$500,001- \$1,000,000	71	of Tran
													\$1,000,001- \$5,000,000	ه	of Transaction
													\$5,000,001- \$25,000,000	Ŧ	ă
													\$25,000,001- \$50,000,000	_	
													Over \$50,000,00	۰ _	
													Over \$1,000,000 (Spouse/DC Ass		

LYRICAL US VAL EQ INSTL OAKMARK SELECT FUND PARAMETRIC EMERGING MARKETS SMEAD VALUE FUND PUTNAM EUROPE EQUITY FUND PUTNAM EUROPE EQUITY FUND DEUTSCHE X TRACKERS MSCI EUROPE HEDGED DEUTSCHE X TRACKERS MSCI EUROPE HEDGED INVESCO ASIA PACIFIC GROWTH FUND INVESCO ASIA PACIFIC GROWTH FUND MFS VALUE FUND DEUTSCHE CAPITAL GROWTH FUND DEUTSCHE CAPITAL GROW	CLASES AGOLEAGE	And the second s
** ** *** ** ****	Sale On The Sale Sale Sale Sale Sale Sale Sale Sal	
X 200 054 054 054 055 055 055 055 055 055 0	Check Box if Capital Gain Exceeded \$200	
11/23/16 11/23/16 11/23/16 11/23/16 11/23/16 11/23/16 05/02/16 05/02/16 02/01/16	(MO/DA/YR) or Quarterly, Monthly, or applicable	-
<u> </u>	\$15,000 \$15,001 - \$50,000	
	\$50,001 - C	l
×× ×× × ××××××××××××××××××××××××××××××	\$100,001 - \$250,000	١
	\$250,001 m st. \$500,000 m st. \$1,000,000 m st. \$1,000,000 m st. \$1,000,000 m st. \$2,000,000 m st. \$2,000,000 m st.	l
×× ×× ×	\$500,001 - \$1,000,000	
× ××	- 100,000,18 0 000,000,88	l
	\$5,000,001 - \$25,000,000	l
	\$25,000,001 - \$50,000,000	
	Over \$50,000,000	
	Over \$1,000,000 Cpouse/DC Asset)	

ISHARES MSCIALL COUNTRY ASIA EX JAPAN ENDOCYTE INC ENDOCY	
A EX JAPAN	
*********	Psychane
<u> </u>	Sale Partici Sale Exchange
	Partiel Sale
<u>anna kanan kanan ang kanan kana</u> Kanan kanan ka	Exchange S
	Check Box if Capital Gain Exceeded \$200
05/18/16 01/07/16 01/21/16 01/25/16 01/26/16 02/23/16 02/25/16 02/25/16 02/25/16 03/17/16 04/13/16 05/06/16 05/03/16 06/13/16 06/13/16 06/13/16 06/13/16 07/27/16 08/24/16 08/24/16 08/24/16 08/25/16 09/25/16 10/27/16 11/25/16 12/27/16	
***************************************	\$1,001 - \$15,000 >
	\$15,001 - \$50,000
	\$50,001 \$100,000
×	\$100,001 - \$250,000
	\$250,000 mgs
	\$500,001 - \$1,000,000
	\$1,000,000 G
	\$25,000,000
	\$25,000,000 - \$80,000,000
	Over \$50,000,000
	Over \$1,000,000 X (Spouwe/DC Asset)

SCHEDULE C - EARNED INCOME

Name: CURTIS J. CLAWSON Page 8 of 13

						REXAM INC (AMERICAN CAN)	Ontario County Board of Education	Examples: Civil War Roundable (Oct. 2)	Keene State	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any hoporaria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	
						PENSION	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре	ated at or above the "senior staff" rate otally prohibited.	cial Security Act.	nent) totaling \$200 or more during the	
						\$354,438	N/A	\$1,000	\$6,000	Amount	or above the "senior staff" rate was \$27,225. In addition, certain rohibited.		reporting period. For a spouse, list	4

SCHEDULE D - LIABILITIES

_		
	Name:	
	CURTIS J. CLAWSON	
	Page	-
	9	
I	<u>_</u>	
	13	
1		

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

									moun	, a	의 다	Amount of Liability	of Liability	of Liability	of Liability
			7346		>	B	ဂ		D .		0	D	E .	m .	m .
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001-	\$100,000		\$100,000 \$100,001-	\$100,000 \$100,001- \$250,000 \$250,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,001- \$5,000,000	\$100,000 \$100,001- \$250,000 \$250,000 \$500,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,000 \$25,000,000
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE					×	×	×	×	×	×	×
	DEU.	DEUTSCHE BANK	02/2013	02/2013 MARGIN ACCOUNT			-					X	X	X	×
	AME	AMERICAN EXPRESS	01/1985	01/1985 CREDIT CARD			├	×	×	×	×	×	×	×	×
	CHAS		08/2014	CREDIT CARD	×		<u> </u>								
		CHASE BANK													
		SE BANK			_		-								

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
PARTNER	CLAWSON INVESTMENTS, LLC; SPORTS TV INSIDER, LLC; AS ROMA SPV, LLC
	(EACH POSITION AS "PARTNER" IS AN INVESTMENT INTEREST IN
	A PARTNERSHIP)
OFFICER/PROPRIETOR	REWIRED CEO, LLC

SCHEDULE F - AGREEMENTS

	Name:
	CURTIS J. CLAWSON
	Page 10
	10
	<u>`</u> q
	10 of 13
ı	

continuation or deterral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintain	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of gove	
r benefit plan maintained by a former employer.	ring the period of government service;	

Date	Parties to Agreement	Terms of Agreement
2000	CURTIS J. CLAWSON & REXAM INC (AMERICAN CAN)	PENSION BENEFITS (EMPLOYMENT HAS BEEN TERMINATED)
2001	CURTIS J. CLAWSON & HLI OPERATING CO	401(K) PLAN PARTICIPATION (EMPLOYMENT HAS BEEN TERMINATED)

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethice Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
CURTIS J. CLAWSON	
Page 11	
of 13	

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

Aug 6-11 DC-Bejing ChhadOC V V V Idea 3-4 DC-Beaton-DC V V V		eamos	Date(s)	City of Departure-Destination-City of Return	Lodging?	Food?	Family Member Included? (Y/N)
Made to Frimmoh (John () Made 24 V		Government of Ching (MECEA)			:	:	z
Tabata for formulary (closely fundasian): The state of the first of the state of t		Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	Y	z
	Crembuse	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	٧	٧	Υ
		-					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: CURTIS J. CLAWSON Page 12 of 13

separate confid	List the source, activity (i.e., speech, appearance, or anticle), date, and amount or any payment made by the sponsor or an event to a charitiac organization in tieu or paying an nonorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor or an event to a chantable organ	nization in tieu of paying an	nonorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500

ame: CURTIS J. CLAWSON

Page 13 of 13

								NOTE NUMBER
							·	NOTES
			:					