24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)		
CONSERVATIVE OUTSIDER PAC		C C00614560
		O cocci isso
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
STRATEGIC MEDIA SERVICES		04 30 2016
Mailing Address 1911 NORTH FT. MYER DRIVE		Amount
#400		7.11154.11
City State	Zip Code	10000.00
ARLINGTON VA	22209	Transaction ID : SE.4138 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 004	04 28 7 2016
Name of Federal Candidate	Support	Office Sought: House District: 03
JAMES E BANKS	X Oppose	President Senate State: IN
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	28078.00	2016 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
-		
(a) SUBTOTAL of Itemized Independent Expenditures		10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		10000
(c) FOTAL masperiorit Experiatation		10000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ically Filed] Date	04 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		