



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CONSERVATIVE OUTSIDER PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="170100.00"/>	<input type="text" value="170100.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="170100.00"/>	<input type="text" value="170100.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48936.60"/>	<input type="text" value="48936.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="121163.40"/>	<input type="text" value="121163.40"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**CONSERVATIVE OUTSIDER PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	170100.00	170100.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	170100.00	170100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	170100.00	170100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	170100.00	170100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	170100.00	170100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	20858.60	20858.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20858.60	20858.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	28078.00	28078.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48936.60	48936.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48936.60	48936.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	170100.00	170100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	170100.00	170100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20858.60	20858.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20858.60	20858.60

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)  
**A. JEFF BROIN**

Mailing Address 809 W. 3RD STREET

City State Zip Code  
DELL RAPIDS SD 57022

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

Name of Employer Occupation  
POET COMPANIES CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
15000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CARL CASALE**

Mailing Address 1446 DELAWARE AVE

City State Zip Code  
SAINT PAUL MN 55118

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

Name of Employer Occupation  
MONSANTO EXECUTIVE VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 10520 E FORESTAGE CT

City State Zip Code  
WICHITA KS 67206

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

Name of Employer Occupation  
POET ETHANOL PRODUCTS PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 22500.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)  
**A. GARY CHARTRAND**

Mailing Address 139 PONTE VEDRA BLVD.

City State Zip Code  
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation  
ACOSTA SALES & MARKETING EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CLAY-WADE, INC.**

Mailing Address 569 EDGEWOOD AVENUE SOUTH

City State Zip Code  
JACKSONVILLE FL 32205

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CROPLIFE AMERICA**

Mailing Address 1156 FIFTEENTH STREET, N.W.  
#400

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

**A. BEN DILLON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6991 EAST 750 N  
 City LOGANSPORT State IN Zip Code 46947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEN DILLON FARMS Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 21 / 2016  
**Transaction ID : SA11AI.4109**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. FALCON INVESTMENTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8623 E WASHINGTON STREET  
 City INDIANAPOLIS State IN Zip Code 46219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 21 / 2016  
**Transaction ID : SA11AI.4123**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. DANIEL HANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 EMS T5 LANE  
 City LEESBURG State IN Zip Code 46538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BIOMET Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 04 / 14 / 2016  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period 4600.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 19600.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)  
**A. LAURA HOWELL**

Mailing Address 4545 ORTEGA BLVD

City JACKSONVILLE State FL Zip Code 32210

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period  
 10000.00

Memo Item

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

Mailing Address 111 NATURE WALK PARKWAY  
UNIT 102

City SAINT AUGUSTINE State FL Zip Code 32092

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

Name of Employer HUTSON COMPANY Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period  
 10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. INDIANA ETHANOL PRODUCERS ASSOCIATION, INC.**

Mailing Address 13179 N 100 E

City ALEXANDRIA State IN Zip Code 46001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2016

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period  
 15000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

**A. BAKER D JOHN II**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 W FORSYTH STREET  
FLOOR 7

City JACKSONVILLE State FL Zip Code 32202

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

Name of Employer F.R.P. HOLDINGS Occupation REAL ESTATE EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.4170

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. SYDNEY MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 865

City DOYLESTOWN State PA Zip Code 18901

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

Name of Employer SYTEX, INC. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.4158

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. JACQUELYN MCDONALD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1291

City WARSAW State IN Zip Code 46581

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
04 / 19 / 2016  
Transaction ID : SA11AI.4107

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

**A. MARY LOUISE MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 STONE CAMP TR

City WINONA LAKE State IN Zip Code 46590

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

Name of Employer M.L. MOTORSPORTS Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2016  
**Transaction ID : SA11AI.4105**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B. N.G WADE INVESTMENT COMPANY**  
Full Name (Last, First, Middle Initial)

Mailing Address 569 EDEWOOD AVENUE SOUTH

City JACKSONVILLE State FL Zip Code 32205

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C. OLD BLUFF CAPITAL, INC.**  
Full Name (Last, First, Middle Initial)

Mailing Address 569 EDGEWOOD AVENUE SOUTH

City JACKSONVILLE State FL Zip Code 32205

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

**A. PIEDMONT FARMS, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 569 EDGEWOOD AVENUE SOUTH  
 City JACKSONVILLE State FL Zip Code 32205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. RING POWER CORPORATION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 WORLD COMMERCE PARKWAY  
 City SAINT AUGUSTINE State FL Zip Code 32092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.4176**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. ROBERT SHIRCLIFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2358 RIVERSIDE AVE, #1202  
 City JACKSONVILLE State FL Zip Code 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : SA11AI.4151**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)  
**A. WACO PROPERTIES, INC.**

Mailing Address 569 EDGEWOOD AVENUE SOUTH

City	State	Zip Code
JACKSONVILLE	FL	32205

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SA11AI.4168**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WINONA POWDER COATING, INC.**

Mailing Address PO BOX 170

City	State	Zip Code
ETNA GREEN	IN	46524

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	170100.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 10202 PERKINS ROW

City State Zip Code  
BATON ROUGE LA 70810

Purpose of Disbursement  
CREDIT CARD FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4119**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ASHBY LAW, PLLC**

Mailing Address 717 PRINCESS STREET

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
LEGAL FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4115**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ASHBY LAW, PLLC**

Mailing Address 717 PRINCESS STREET

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
LEGAL FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4146**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)

**A. ASHBY LAW, PLLC**

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : SB21B.4150

Amount of Each Disbursement this Period

550.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP**

Mailing Address 611 Pennsylvania Ave SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type  
001

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2016

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

2550.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP**

Mailing Address 611 Pennsylvania Ave SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

225.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3325.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE OUTSIDER PAC**

Full Name (Last, First, Middle Initial)

**A. PURCELL CONSULTING, LLC**

Mailing Address PO BOX 403

City ANNANDALE State MN Zip Code 55304

Purpose of Disbursement  
FUNDRAISING CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.4144

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE OUTSIDER PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00614560
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>RISING TIDE MEDIA GROUP, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2016	
Mailing Address 226 S FAYETTE STREET		Amount <span style="border: 1px solid black; padding: 2px;">13722.00</span>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE.4117</b>
Purpose of Expenditure MEDIA PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 25 / 2016	
Name of Federal Candidate JAMES E BANKS		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13722.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>STRATEGIC MEDIA SERVICES</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 26 / 2016	
Mailing Address 1911 NORTH FT. MYER DRIVE #400		Amount <span style="border: 1px solid black; padding: 2px;">4356.00</span>	
City ARLINGTON	State VA	Zip Code 22209	<b>Transaction ID : SE.4129</b>
Purpose of Expenditure MEDIA	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 25 / 2016	
Name of Federal Candidate JAMES E BANKS		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18078.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">18078.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

Signature BENJAMIN OTTENHOFF [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE OUTSIDER PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00614560
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>STRATEGIC MEDIA SERVICES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 30 / 2016
Mailing Address 1911 NORTH FT. MYER DRIVE #400	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code ARLINGTON VA 22209	<b>Transaction ID : SE.4136</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 28 / 2016
Purpose of Expenditure MEDIA PLACEMENT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate JAMES E BANKS <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">28078.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"></span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">28078.00</span>

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.

*BENJAMIN OTTENHOFF* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2016

Signature \_\_\_\_\_