

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
OUTSIDER PAC

ADDRESS (number and street) 25 WEST 8TH STREET
SUITE 300
HOLLAND MI 49423
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00678920
3. IS THIS REPORT NEW OR AMENDED (A)
[x] (N)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[ ] April 15 Quarterly Report (Q1)
[ ] July 15 Quarterly Report (Q2)
[x] October 15 Quarterly Report (Q3)
[ ] January 31 Year-End Report (YE)
[ ] July 31 Mid-Year Report (Non-election Year Only) (MY)
[ ] Termination Report (TER)
(b) Monthly Report Due On:
[ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only)
[ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 19 2018 through 09 30 2018

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 JULIE, DOZIER, , ,

Signature of Treasurer JULIE, DOZIER, , , [Electronically Filed] Date 10 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**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="2018"/>	<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="57146.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="256336.00"/>	<input type="text" value="576486.00"/>
(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="313482.85"/>	<input type="text" value="576486.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="217545.14"/>	<input type="text" value="480548.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95937.71"/>	<input type="text" value="95937.71"/>
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

Write or Type Committee Name

**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).....	256336.00	576336.00
(ii) Unitemized .....	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	256336.00	576486.00
(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) .....	256336.00	576486.00
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)).....▶	256336.00	576486.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	256336.00	576486.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	68670.14	121673.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	68670.14	121673.29
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) .....	138875.00	348875.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	10000.00	10000.00
(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)).....	10000.00	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	217545.14	480548.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	217545.14	480548.29

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	256336.00	576486.00
34. Total Contribution Refunds (from Line 28(d)) .....	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	246336.00	566486.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	68670.14	121673.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68670.14	121673.29

**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 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**OUTSIDER PAC**

**A. 3368, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 CENTRAL AVENUE

City HOLLAND	State MI	Zip Code 49423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2018

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
1336.00

Memo Item  
IN-KIND CONTRIBUTION - WEB SERVICE

**B. DEVOS, DALTON, C., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 OTTAWA AVENUE NW  
STE 500

City GRAND RAPIDS	State MI	Zip Code 49503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMWAY	Occupation (for Individual) DIGITAL ASSOCIATE
--	--

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
07	/	28	/	2018

**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DEVOS, DANIEL, G., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 OTTAWA AVENUE NW  
STE 500

City GRAND RAPIDS	State MI	Zip Code 49503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RDV CORPORATION	Occupation (for Individual) 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
07	/	28	/	2018

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16336.00
<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 7 OF 21
	<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)  
**OUTSIDER PAC**

**A. DEVOS, DOUG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 OTTAWA AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 28 / 2018

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

**B. DEVOS, RICH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 OTTAWA AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 28 / 2018

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

**C. DEVOS, RICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 OTTAWA AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer (for Individual) START GARDEN Occupation (for Individual) FOUNDER AND CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 28 / 2018

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25000.00

**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 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DEVOS, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 STE 500  
 City GRAND RAPIDS State MI Zip Code 49503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) 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  
 07 / 28 / 2018  
**Transaction ID : SA11AI.4178**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

**B. FRITZ, ERIC, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 W JEFFERSON AVE  
 City TRENTON State MI Zip Code 48183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FRITZ ENTERPRISES INC. Occupation (for Individual) 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  
 07 / 28 / 2018  
**Transaction ID : SA11AI.4165**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. FRITZ ENTERPRISES, INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 WEST JEFFERSON  
 City TRENTON State MI Zip Code 48183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 07 / 28 / 2018  
**Transaction ID : SA11AI.4170**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<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 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HAWORTH, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 864 NEWNHAM ST.  
 City SAUGATUCK State MI Zip Code 49453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAWORTH, INC. Occupation (for Individual) CHAIRMAN EMERITUS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 07 / 2018  
**Transaction ID : SA11AI.4190**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**B. HURON VALLEY STEEL CORPORATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 W JEFFERSON AVE SUITE 100  
 City TRENTON State MI Zip Code 48183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 28 / 2018  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**C. KENNEDY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4150 EAST PARIS SE  
 City KENTWOOD State MI Zip Code 49512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUTOCAM MEDICAL Occupation (for Individual) PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 28 / 2018  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MUSKEGON ENERGY COMPANY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 SOUTH MISSION ROAD

City MT. PLEASANT	State MI	Zip Code 48858
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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  
 09 / 30 / 2018

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. PRINCE BROEKHUIZEN, ELSA, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 S RIVER AVE  
STE 300

City HOLLAND	State MI	Zip Code 49423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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  
 07 / 28 / 2018

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. THE KMW GROUP, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5085 CORPORATE EXCHANGE BLVD SE

City GRAND RAPIDS	State MI	Zip Code 49512
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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  
 07 / 28 / 2018

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<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 21
	<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)  
**OUTSIDER PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TUBERGEN, JERRY, , ,**

Mailing Address 1911 EGYPT VALLEY AVENUE NE

City ADA	State MI	Zip Code 49301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RDV CORPORATION	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2018

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. VAN ANDEL, STEPHEN, , ,**

Mailing Address PO BOX 74

City ADA	State MI	Zip Code 49301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMWAY	Occupation (for Individual) CHAIRMAN
--	---

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
09		30		2018

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WEBBER DEVELOPMENT COMPANY, L.L.C.**

Mailing Address 44710 MORLEY DRIVE

City CLINTON TOWNSHIP	State MI	Zip Code 48036
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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
08		25		2018

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100000.00
<b>TOTAL</b> This Period (last page this line number only).....	256336.00

**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"/> 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)  
**OUTSIDER PAC**

Full Name (Last, First, Middle Initial)  
**A. 3368, LLC**

Mailing Address 235 CENTRAL AVENUE

City HOLLAND State MI Zip Code 49423

Purpose of Disbursement IN-KIND CONTRIBUTION - WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4198

Amount of Each Disbursement this Period: 1336.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CAMPAIGN RESOURCE GROUP**

Mailing Address PO BOX 1948

City HOLLAND State MI Zip Code 49422

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period: 35000.00

Memo Item

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

Mailing Address PO BOX 1948

City HOLLAND State MI Zip Code 49422

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 41336.00

**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"/> 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)  
**OUTSIDER PAC**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN RESOURCE GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO BOX 1948		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4213</b> Amount of Each Disbursement this Period 6500.00
City HOLLAND	State MI	Zip Code 49422
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CLARK HILL PLC</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE NW SUITE 1300 SOUTH		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4214</b> Amount of Each Disbursement this Period 210.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CLARK HILL PLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 1001 PENNSYLVANIA AVENUE NW SUITE 1300 SOUTH		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4215</b> Amount of Each Disbursement this Period 2089.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8799.00
<b>TOTAL</b> 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"/> 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)  
**OUTSIDER PAC**

**A. CROSBY OTTENHOFF GROUP**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4206

Amount of Each Disbursement this Period: 2250.00

Memo Item

**B. CROSBY OTTENHOFF GROUP**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4207

Amount of Each Disbursement this Period: 1077.11

Memo Item

**C. I360, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 29374 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4221

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4327.11

**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"/> 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)  
**OUTSIDER PAC**

Full Name (Last, First, Middle Initial) <b>A. I360, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 29374 NETWORK PLACE		FEC Identification Number C <b>Transaction ID : SB21B.4222</b> Amount of Each Disbursement this Period 2071.23
City CHICAGO	State IL	
Zip Code 60673	Purpose of Disbursement WEB SERVICE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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>B. I360, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 29374 NETWORK PLACE		FEC Identification Number C <b>Transaction ID : SB21B.4223</b> Amount of Each Disbursement this Period 2250.00
City CHICAGO	State IL	
Zip Code 60673	Purpose of Disbursement WEB SERVICE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. MEDIA 3 DESIGN</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2018
Mailing Address 9877 WILSON AVE SW		FEC Identification Number C <b>Transaction ID : SB21B.4218</b> Amount of Each Disbursement this Period 780.30
City BYRON CENTER	State MI	
Zip Code 49315	Purpose of Disbursement MEDIA PRODUCTION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	5101.53
<b>TOTAL</b> 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"/> 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)  
**OUTSIDER PAC**

Full Name (Last, First, Middle Initial) <b>A. PRUES-HECKER, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address 1315 HARVARD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4212</b> Amount of Each Disbursement this Period [ ] 9026.50 <input type="checkbox"/> Memo Item
City GROSSE POINTE	State MI	
Zip Code 48230	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type [ ]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ] <input type="checkbox"/> Memo Item
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ] <input type="checkbox"/> Memo Item
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 9026.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 68590.14



# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**OUTSIDER PAC**

Full Name (Last, First, Middle Initial)

**A. HAWORTH, INC.**

Mailing Address ONE HAWORTH CENTER

City  
HOLLAND

State  
MI

Zip Code  
49423

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB28A.4191

Amount of Each Disbursement this Period

[ ] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 10000.00

[ ] 10000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
OUTSIDER PAC
FEC IDENTIFICATION NUMBER
C C00678920

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
GRAND RIVER STRATEGIES
Memo Item

Date of Public Distribution/Dissemination
07 / 30 / 2018

Mailing Address
49378 CAMAROSA

Amount
1500.00

City State Zip Code
MACOMB MI 48044

Transaction ID : SE.4144
Date of Disbursement or Obligation

Purpose of Expenditure
MEDIA PLACEMENT
Category/Type

07 / 31 / 2018

Name of Federal Candidate:
PENSLE, SANDY, , ,
Support Oppose

Office Sought: House District:
President Senate State: MI

Calendar Year-To-Date
Per Election for Office Sought
346500.00

Disbursement For: Primary General
2018 Other (specify)

Full Name of Payee
GRAND RIVER STRATEGIES
Memo Item

Date of Public Distribution/Dissemination
09 / 05 / 2018

Mailing Address
49378 CAMAROSA

Amount
250.00

City State Zip Code
MACOMB MI 48044

Transaction ID : SE.4147
Date of Disbursement or Obligation

Purpose of Expenditure
MEDIA PLACEMENT
Category/Type

09 / 05 / 2018

Name of Federal Candidate:
JAMES, JOHN, , ,
Support Oppose

Office Sought: House District:
President Senate State: MI

Calendar Year-To-Date
Per Election for Office Sought
250.00

Disbursement For: Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

JULIE, DOZIER, , , [Electronically Filed] Date 10 / 15 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
OUTSIDER PAC
FEC IDENTIFICATION NUMBER
C C00678920

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee GRAND RIVER STRATEGIES
Mailing Address 49378 CAMAROSA
City MACOMB State MI Zip Code 48044
Purpose of Expenditure MEDIA PLACEMENT
Category/Type
Name of Federal Candidate: STABENOW, DEBBIE, , ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee GRAND RIVER STRATEGIES
Mailing Address 49378 CAMAROSA
City MACOMB State MI Zip Code 48044
Purpose of Expenditure VOTER CONTACT EMAILS
Category/Type
Name of Federal Candidate: JAMES, JOHN, , ,
Support Oppose
Office Sought: House Senate State: MI
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1187.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

JULIE, DOZIER, , ,

[Electronically Filed]

Date 10 / 15 / 2018

Signature

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

NAME OF COMMITTEE (In Full) <b>OUTSIDER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00678920                 </div>
--	---

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 <input type="checkbox"/> Memo Item <b>GRAND RIVER STRATEGIES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 05 / 2018
Mailing Address <b>49378 CAMAROSA</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     937.50                 </div> Transaction ID : <b>SE.4153</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 05 / 2018
City <b>MACOMB</b>	State <b>MI</b>	Zip Code <b>48044</b>	
Purpose of Expenditure <b>VOTER CONTACT EMAILS</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>STABENOW, DEBBIE, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2375.00                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>GRP BUYING LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 07 / 27 / 2018
Mailing Address <b>3136 KINGSDALE CENTER, #136</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     57000.00                 </div> Transaction ID : <b>SE.4138</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2018
City <b>UPPER ARLINGTON</b>	State <b>OH</b>	Zip Code <b>43221</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT/MEDIA PRODUCTION</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>PENSLER, SANDY, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     267000.00                 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 57937.50             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </div>

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.

JULIE, DOZIER, , ,  
Signature

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2018

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

NAME OF COMMITTEE (In Full) <b>OUTSIDER PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00678920
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>GRP BUYING LLC</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3136 KINGSDALE CENTER, #136	Amount <input type="text"/>
City UPPER ARLINGTON State OH Zip Code 43221	<b>Transaction ID : SE.4139</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure MEDIA PLACEMENT/MEDIA PRODUCTION Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 345000.00	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 <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City _____ State _____ Zip Code _____	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure _____ Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 78000.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/> 138875.00

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.

JULIE, DOZIER, , , [Electronically Filed] Date  /  /

Signature