## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)  PAGE 1 OF 1  FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
CITIZENS FOR A STRONG AMERICA INC	
	C C00636977
M M / D D / Y Y Y Y	
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee STORYTELLERS	Date of Public Distribution/Dissemination
	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 577001	Amount
City State Zip Code	37235.25
CHICAGO IL 60657	Transaction ID : SE.4483  Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL PRINTING AND POSTAGE  Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	port Office Sought: X House District: 00
KREBS, SHANTEL, , ,	ose President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 37235.25	Disbursement For:   ✓ Primary General  2018  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Supp	port Office Sought: House District:
Opp	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify) -
(a) CURTOTAL of Haminad Independent Funeralities	
(a) SUBTOTAL of Itemized Independent Expenditures	37235.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL ladamandant Funandihuna	
(c) TOTAL Independent Expenditures	37235.25
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.	
STONE, ROGER, W, ,	M = M / D = D / Y = Y = Y
[Electronically Filed] Date 05 18 2018	
Signature	