

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CITIZEN SUPER PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569517		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Prevail Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address <b>7309A Colina Vista Loop</b>			Amount <span style="border: 1px solid black; padding: 2px;">12614.13</span>		
City <b>Austin</b>		State <b>TX</b>	Zip Code <b>78750</b>		Transaction ID : <b>SE.4445</b>
Purpose of Expenditure <b>Federal Ad Mailer Production, Printing and Postage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate <b>JUSTIN FAREED</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>24</b> State: <b>CA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">25961.57</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ 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) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">12614.13</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">12614.13</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 <u>LUKE MCALPIN</u>			Date <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

[Electronically Filed]