

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation STATE TEA PARTY EXPRESS		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 984		
(c) City, State and ZIP Code WILLOWS CA 95988		3. FEC Identification Number C C90014762
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

MM / DD / YYYY

5. COVERING PERIOD:

FROM

MM / DD / YYYY
04 / 15 / 2014

THROUGH

MM / DD / YYYY
04 / 22 / 2014

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

7250.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Kelly Lawler

Kelly Lawler

04/16/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
STATE TEA PARTY EXPRESSFull Name (Last, First, Middle Initial) of Payee
Harris Media LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 16 / 2014

Mailing Address 611 S Congress Avenue, Suite 400

Amount

City State Zip Code
Austin TX 78704

7250.00

Transaction ID : F57.000001

Purpose of Expenditure
4/16 to 4/22 Digital AdvertisingCategory/
Type 004Office Sought: ☒ House State: FL
☐ Senate District: 19
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Curtis J ClawsonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 106137.99Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 7250.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 7250.00
(carry total from last page forward to Line 7)