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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Tea Party Patriots Citizens Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00540898 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Victory Media Group [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 05 / 2014</div> </div>	
Mailing Address 1701 East Lake Ave. Ste. 335		Amount <div> <div>5799.32</div> </div>	
City Glenview	State IL	Zip Code 60025	Transaction ID : SE.243285 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 05 / 2014</div> </div>
Purpose of Expenditure Robo Calls		Category/ Type	<div>001</div>
Name of Federal Candidate Matt Lynch		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>32236.42</div> </div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Antietam Communications [MEMO ITEM] X		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 710 E Northway Lane		Amount 500.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : SE.243286 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2014
Purpose of Expenditure Script Writing	Category/ Type	001	
Name of Federal Candidate Matt Lynch	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought	32736.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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.

Date _____

Signature

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

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Tea Party Patriots Citizens Fund		FEC IDENTIFICATION NUMBER ▼ C C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TPPCF Staff [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 2295 Towne Lake Pkwy. Ste. 116-328		Amount 500.00	
City Woodstock	State GA	Zip Code 30189	Transaction ID : SE.243289
Purpose of Expenditure Script Writing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2014	
Name of Federal Candidate Matt Lynch		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 33296.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6299.32

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.

Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
05 / 06 / 2014

Signature