

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY PATRIOTS CITIZENS FUND	FEC IDENTIFICATION NUMBER ▼ C C00540898
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee ACTIVE ENGAGEMENT LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 11 / 2014
Mailing Address 44084 RIVERSIDE PARKWAY STE. 350	Amount 500.00
City State Zip Code LANSDOWNE VA 20176	Transaction ID : SE.276482 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure CREATIVE FEES	Category/Type 001
Name of Federal Candidate THAD COCHRAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 27468.23	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ RUN-OFF

Full Name of Payee ACTIVE ENGAGEMENT LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 44084 RIVERSIDE PARKWAY STE. 350	Amount 500.00
City State Zip Code LANSDOWNE VA 20176	Transaction ID : SE.276574 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure CREATIVE FEES	Category/Type 001
Name of Federal Candidate THAD COCHRAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 124078.46	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ RUN-OFF

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(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.

MR. PAULA KILGORE

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
07 / 19 / 2014