

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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		MM / DD / YYYY

Full Name of Payee TPPCF Staff [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2295 Towne Lake Pkwy. Ste. 116-328		Amount 500.00	
City Woodstock	State GA	Zip Code 30189	Transaction ID : SE.397468
Purpose of Expenditure Script Writing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1701 East Lake Ave. Ste. 335		Amount 10865.68	
City Glenview	State IL	Zip Code 60025	Transaction ID : SE.397497
Purpose of Expenditure Automated Calls	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10865.68
(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. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2014

Signature

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(Schedule E)

PAGE	2	OF	2
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 Antietam Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 710 E Northway Lane		Amount 1000.00	
City Atlanta	State GA	Zip Code 30342	Transaction ID : SE.397498 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Script Writing		Category/Type 001	
Name of Federal Candidate Pat Roberts		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 12365.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	12365.68

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Mr. Paul A Kilgore

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