

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

 PAGE 1 OF 3
 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: inline-block;"> C C00540898 </div>
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 Active Engagement LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>		
Mailing Address 44084 Riverside Parkway Ste. 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>		
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.397489 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>		
Purpose of Expenditure Copy Writing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Thom R Tillis			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">24468.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Active Engagement LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>		
Mailing Address 44084 Riverside Parkway Ste. 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.397491 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>		
Purpose of Expenditure Copy Writing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Kay R Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">24968.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
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 Victory Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1701 East Lake Ave. Ste. 335			Amount 23238.45		
City Glenview	State IL	Zip Code 60025	Transaction ID : SE.397495		
Purpose of Expenditure Automated Calls		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Thom R Tillis		<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: NC		
Calendar Year-To-Date Per Election for Office Sought 48207.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

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.397496		
Purpose of Expenditure Script Writing		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Thom R Tillis		<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: NC		
Calendar Year-To-Date Per Election for Office Sought 49207.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24238.45
(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

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

PAGE	3	OF	3
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 Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1701 East Lake Ave. Ste. 335		Amount 9295.38	
City Glenview	State IL	Zip Code 60025	Transaction ID : SE.397507
Purpose of Expenditure Automated Calls	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Thom R Tillis		<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: NC
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		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..... ▶	9295.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	34283.83

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