

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>TPPCF Staff</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address 2295 Towne Lake Pkwy. Ste. 116-328		Amount <b>500.00</b>	
City Woodstock	State GA	Zip Code 30189	Transaction ID : <b>SE.397461</b>
Purpose of Expenditure Script Writing	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>
Name of Federal Candidate Alexander Xavier Mooney		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
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 <b>Victory Media Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2014</b>	
Mailing Address 1701 East Lake Ave. Ste. 335		Amount <b>1139.00</b>	
City Glenview	State IL	Zip Code 60025	Transaction ID : <b>SE.397505</b>
Purpose of Expenditure Automated Calls	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2014</b>
Name of Federal Candidate Alexander Xavier Mooney		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
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.....▶	<b>1139.00</b>
(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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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Antietam Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2014</b>	
Mailing Address <b>710 E Northway Lane</b>		Amount <b>1000.00</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30342</b>	Transaction ID : <b>SE.397506</b>
Purpose of Expenditure <b>Script Writing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2014</b>	
Name of Federal Candidate <b>Alexander Xavier Mooney</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>16136.65</b>		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 <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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..... ▶	<b>1000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2639.00</b>

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