

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TEA PARTY PATRIOTS CITIZENS FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 05 / 2014
Mailing Address 44084 RIVERSIDE PARKWAY STE. 350	Amount <span style="float:right">100.00</span>
City State Zip Code LANSDOWNE VA 20176	<b>Transaction ID : SE.243257</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Purpose of Expenditure WEB CONTENT	Category/Type 001
Name of Federal Candidate JAMES D JORDAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="float:right">600.00</span>	

Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 06 / 2014
Mailing Address 44084 RIVERSIDE PARKWAY STE. 350	Amount <span style="float:right">500.00</span>
City State Zip Code LANSDOWNE VA 20176	<b>Transaction ID : SE.243293</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Purpose of Expenditure CREATIVE FEES	Category/Type 001
Name of Federal Candidate SAMUEL CLOVIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="float:right">56500.00</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">600.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

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*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2014