

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 M / D D D / Y Y Y Y Y Y	

Full Name of Payee CAPITOL RESOURCES, INC. [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
Mailing Address 700 E. PLEASANT ST.		Amount 623.50	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE.255694
Purpose of Expenditure TELEMARKETING	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		26008.57	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAPITOL RESOURCES, INC. [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
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Purpose of Expenditure TELEMARKETING	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
Name of Federal Candidate THAD COCHRAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		26632.07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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

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