

# 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		MM / DD / YYYY

Full Name of Payee <b>Active Engagement LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014
Mailing Address 44084 Riverside Parkway Ste. 350		Amount 500.00
City Lansdowne	State VA	Zip Code 20176
Purpose of Expenditure Graphic Design	Category/Type 001	Transaction ID : SE.259830 Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014
Name of Federal Candidate Thad Cochran	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 552228.22		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 05 / 23 / 2014
Mailing Address 1701 East Lake Ave. Ste. 335		Amount 56044.58
City Glenview	State IL	Zip Code 60025
Purpose of Expenditure Direct Mail Production	Category/Type 001	Transaction ID : SE.259828 Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014
Name of Federal Candidate Thad Cochran	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 608272.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56544.58
(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  
05 / 23 / 2014

Signature

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

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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>Victory Media Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 23 / 2014</b>	
Mailing Address 1701 East Lake Ave. Ste. 335		Amount 2002.61	
City Glenview	State IL	Zip Code 60025	Transaction ID : SE.259831
Purpose of Expenditure Printing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 23 / 2014</b>	
Name of Federal Candidate Christopher Brian McDaniel		<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: MS
Calendar Year-To-Date Per Election for Office Sought 610275.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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..... ▶	2002.61
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	58547.19

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

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Date

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05 / 23 / 2014

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