

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Tea Party Patriots Citizens Fund			FEC IDENTIFICATION NUMBER ▼ C C00540898		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee URBAN ENGAGEMENT STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		
Mailing Address 1336 MICHIGAN 139			Amount 48928.00		
City BENTON HARBOR		State MI	Zip Code 49022		Transaction ID : SE24.6768
Purpose of Expenditure CANVASSING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 428540.77			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee VICTORY MEDIA GROUP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 1701 EAST LAKE AVE. STE. 335			Amount 16207.10		
City GLENVIEW		State IL	Zip Code 60025		Transaction ID : SE24.6769
Purpose of Expenditure TEXT MARKETING		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 428540.77			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65135.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			65135.10		
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.					
Signature Kilgore, Paul, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		