

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Values First

ADDRESS (number and street) PO Box 75650
Check if different than previously reported. (ACC) Washington DC 20013

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00654764 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Riter, Joel, , ,
Type or Print Name of Treasurer

Signature of Treasurer Riter, Joel, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Values First

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | <input type="text" value="532.96"/> | <input type="text" value="532.96"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="20532.96"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="150000.00"/> | <input type="text" value="170000.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="170532.96"/> | <input type="text" value="170532.96"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="141972.97"/> | <input type="text" value="141972.97"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="28559.99"/> | <input type="text" value="28559.99"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Values First

Report Covering the Period: From: 07 / 01 / 2020 To: 07 / 15 / 2020

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 20000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 20000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 150000.00 | 150000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 150000.00 | 170000.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 150000.00 | 170000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 150000.00 | 170000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 4696.25 | 4696.25 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4696.25 | 4696.25 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 137276.72 | 137276.72 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 141972.97 | 141972.97 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 141972.97 | 141972.97 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 150000.00 | 170000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 150000.00 | 170000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4696.25 | 4696.25 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4696.25 | 4696.25 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

| | | | |
|------------------------------|------------------------------|---|---|
| FOR LINE NUMBER: | | PAGE 6 OF 11 | |
| (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Values First

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN JOBS AND GROWTH PAC

Mailing Address **PO BOX 17237**

| | | |
|--------------------------|--------------------|--------------------------|
| City ARLINGTON | State VA | Zip Code 22216 |
|--------------------------|--------------------|--------------------------|

FEC ID number of contributing federal political committee. **C C00659219**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
07 / 08 / 2020

Transaction ID : SA11C.4189

Amount of Each Receipt this Period
150000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150000.00 |
| TOTAL This Period (last page this line number only).....▶ | 150000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Values First

A. Campaign Sidekick

Full Name (Last, First, Middle Initial)

Mailing Address 1550 Old Annetta

City Aledo State TX Zip Code 76008

Purpose of Disbursement Data Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4194

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Election Management Solutions

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10362

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement Design Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period: 1156.25

Memo Item

C. Picotte and Porter LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2668 Scott Mill Lane

City Jacksonville State FL Zip Code 32223

Purpose of Disbursement Fundraising Commission

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 07 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4218

Amount of Each Disbursement this Period: 2000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 4656.25 |
| TOTAL This Period (last page this line number only).....▶ | 4656.25 |

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) American Values First | FEC IDENTIFICATION NUMBER ▼ C C00654764 |
|---|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | | |
|---|-------------|--|---|
| Full Name of Payee Election Connection <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address PO Box 10866 | | Amount <input type="text"/> | |
| City Tallahassee | State FL | Zip Code 32302 | Transaction ID : SE.4215 |
| Purpose of Expenditure Advocacy Phone Calls(Actual) | | Category/ Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: OWENS, BURGESS, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee First Rule Media <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 1034 S. Brentwood Blvd. | | Amount <input type="text"/> | |
| City St. Louis | State MO | Zip Code 63117 | Transaction ID : SE.4182 |
| Purpose of Expenditure Television Ad Production | | Category/ Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: CLIFFORD, BILL DR, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input type="text"/> |
| (c) TOTAL Independent Expenditures | <input type="text"/> |

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.

Riter, Joel, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values First
FEC IDENTIFICATION NUMBER C C00654764

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee First Rule Media
Mailing Address 1034 S. Brentwood Blvd.
City St. Louis State MO Zip Code 63117
Purpose of Expenditure Television Ad Production
Name of Federal Candidate: CLIFFORD, BILL DR., ,
Calendar Year-To-Date Per Election for Office Sought 128037.82

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd #1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Television Advertising Placement
Name of Federal Candidate: CLIFFORD, BILL DR., ,
Calendar Year-To-Date Per Election for Office Sought 84425.00

(a) SUBTOTAL of Itemized Independent Expenditures 84425.00
(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.

Riter, Joel, ,

[Electronically Filed]

Date 07 / 23 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values First
FEC IDENTIFICATION NUMBER C C00654764

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Target Enterprises LLC
Mailing Address 15260 Ventura Blvd #1240
City Sherman Oaks State CA Zip Code 91403
Purpose of Expenditure Television Advertising
Category/Type 004
Name of Federal Candidate: CLIFFORD, BILL DR, , ,
Office Sought: House District: 01 State: KS
Disbursement For: Primary
Amount 24800.00
Transaction ID: SE.4191
Date of Disbursement or Obligation 07/13/2020

Full Name of Payee The Singularis Group
Mailing Address PO Box 9265
City Shawnee Mission State KS Zip Code 66201
Purpose of Expenditure Direct Mail
Category/Type 004
Name of Federal Candidate: CLIFFORD, BILL DR, , ,
Office Sought: House District: 01 State: KS
Disbursement For: Primary
Amount 93729.23
Transaction ID: SE.4174
Date of Disbursement or Obligation 07/10/2020

(a) SUBTOTAL of Itemized Independent Expenditures 34104.23
(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.

Riter, Joel, , ,

[Electronically Filed]

Date 07/23/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|--|
| NAME OF COMMITTEE (In Full) American Values First | FEC IDENTIFICATION NUMBER ▼ C C00654764 |
|---|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item The Singularis Group | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address PO Box 9265 | Amount <input type="text"/> 9508.59 |
| City Shawnee Mission State KS Zip Code 66201 | |
| Purpose of Expenditure Direct Mail Category/Type <input type="text"/> 004 | |
| Name of Federal Candidate: MANN, TRACEY ROBERT, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: KS |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 103237.82 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount <input type="text"/> |
| City State Zip Code | |
| Purpose of Expenditure Category/Type <input type="text"/> | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State: |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|--------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 9508.59 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input type="text"/> |
| (c) TOTAL Independent Expenditures | <input type="text"/> 137276.72 |

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.

Riter, Joel, , , **[Electronically Filed]** Date / /
 Signature