24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
American Values First		C C00654764
		U ,
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee First Rule Media		Date of Public Distribution/Dissemination
		07 10 / Y Y Y Y Y
Mailing Address 1034 S. Brentwood Blvd.		Amount
City State	Zip Code	4000.00
St. Louis MO	63117	Transaction ID : SE.4186 Date of Disbursement or Obligation
Purpose of Expenditure Television Ad Production	Category/ Type 004	Mam / Dad / Yayayay
Name of Federal Candidate	Support Off	fice Sought: House District: 01
CLIFFORD, BILL DR, , ,	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	0.00 Dis	sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		
		Amount
City State	Zip Code	
	1	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Of	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	sbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		4000.00
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.		
	ically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		