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
Check if 24-hour report 48-hour report New re	eport X Amends report	t filed on 06 / 26 / 2020
Full Name of Payee Election Connection		Date of Public Distribution/Dissemination
		06 26 7 2020
Mailing Address PO Box 10866		Amount
City State	Zip Code	15000.00
Tallahassee FL	32302	Transaction ID : SE.4168 Date of Disbursement or Obligation
Purpose of Expenditure Advoacy Phone Calls(Estimated)	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Support (Office Sought: House District: 04
OWENS, BURGESS, , ,	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ✓ Primary General 2020 Other (specify) ✓
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
City	Zip Code	
Purpose of Expenditure	Octomoral	Date of Disbursement or Obligation
	Category/ Type	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate		Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		15000.00
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
Riter, Joel, , , [Electron Signature]	onically Filed] Date	07 07 2020
Signature		