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
		M M / D D / Y Y Y Y
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Connection Strategy, LLC		Date of Public Distribution/Dissemination
		10 26 7 2020
Mailing Address P.O. Box 1636		Amount
City State	Zip Code	4473.42
Dripping Spring TX	78620	Transaction ID : SE.4271 Date of Disbursement or Obligation
Purpose of Expenditure Text Messaging	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 04
MCADAMS, BEN, , ,	X Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
State State	2.p 3333	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	الــــا الــا الـــا
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Tot Elocation for Clinica Goodgitt		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		4473.42
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		4473.42
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	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		