

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of [VA]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2020 through [MM] / [DD] / [YYYY] 11 / 23 / 2020

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 [MM] / [DD] / [YYYY] 12 / 03 / 2020

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="31189.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="92862.64"/>	<input type="text" value="546164.03"/>
(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="124052.42"/>	<input type="text" value="546696.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="99289.12"/>	<input type="text" value="521933.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24763.30"/>	<input type="text" value="24763.30"/>
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: / / To: / /

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).....	80000.00	280000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	80000.00	280000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	12862.64	262862.64
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	92862.64	542862.64
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	3301.39
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)).....▶	92862.64	546164.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	92862.64	546164.03

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	7815.50	12511.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7815.50	12511.75
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)	55923.62	397175.46
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).....	35550.00	112246.48
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)) ..	99289.12	521933.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99289.12	521933.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	92862.64	542862.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92862.64	542862.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7815.50	12511.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3301.39
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7815.50	9210.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

A. Kent, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 908001
 City Midland State TX Zip Code 79708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Kent Companies Occupation (for Individual) Chairman/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 26 / 2020
Transaction ID : SA11AI.4323
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. Lisonbee, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4485 Stafford Ct
 City Provo State UT Zip Code 84604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4Life Research Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 06 / 2020
Transaction ID : SA11AI.4329
 Amount of Each Receipt this Period 25000.00
 Memo Item

C. McCrea, Mackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 592137
 City San Antonio State TX Zip Code 78259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ET Occupation (for Individual) Energy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 26 / 2020
Transaction ID : SA11AI.4319
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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NAME OF COMMITTEE (In Full)
American Values First

A. Wescon Management Group

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

Mailing Address P.O. Box 908001

City Midland	State TX	Zip Code 79708
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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 ▼
20000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2020

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

20000.00

 Memo Item

B.

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

Mailing Address

City	State	Zip Code
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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

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

--

 Memo Item

C.

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

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

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	80000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<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

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NAME OF COMMITTEE (In Full)
American Values First

A. OHIO PROSPERITY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 75650

City WASHINGTON	State DC	Zip Code 20013
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FEC ID number of contributing federal political committee. **C** C00708545

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12862.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2020

Transaction ID : SA11C.4305

Amount of Each Receipt this Period

12862.64

 Memo Item

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

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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

 Memo Item

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

Mailing Address

City	State	Zip Code
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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

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12862.64
TOTAL This Period (last page this line number only).....	12862.64

**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

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NAME OF COMMITTEE (In Full)
American Values First

Full Name (Last, First, Middle Initial) A. Chain Bridge Bank, N.A.		Date of Disbursement MM / DD / YYYY 10 / 08 / 2020	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank Fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4332
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 20.00
State: District:	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank, N.A.		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank Fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4334
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 20.00
State: District:	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Chain Bridge Bank, N.A.		Date of Disbursement MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 1445-A Laughlin Avenue			
City McLean	State VA	Zip Code 22101	
Purpose of Disbursement Bank Fee		<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4311
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 20.00
State: District:	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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

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NAME OF COMMITTEE (In Full)
American Values First

A. Chain Bridge Bank, N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4313

Amount of Each Disbursement this Period: 20.00

Memo Item

B. Chain Bridge Bank, N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4314

Amount of Each Disbursement this Period: 20.00

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 Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2540.00

TOTAL This Period (last page this line number only)..... ▶

**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

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NAME OF COMMITTEE (In Full)
American Values First

Full Name (Last, First, Middle Initial) A. Picotte and Porter LLC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 2668 Scott Mill Lane			
City Jacksonville	State FL	Zip Code 32223	
Purpose of Disbursement Fundraising Fees		<input type="checkbox"/> 003	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4315 Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Picotte and Porter LLC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 2668 Scott Mill Lane			
City Jacksonville	State FL	Zip Code 32223	
Purpose of Disbursement Fundraising Fees		<input type="checkbox"/> 003	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4317 Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Raise the Money		Date of Disbursement MM / DD / YYYY 10 / 26 / 2020	
Mailing Address P.O. Box 26466			
City Little Rock	State AR	Zip Code 72221	
Purpose of Disbursement Credit Card Processing Fees		<input type="checkbox"/>	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.4325 Amount of Each Disbursement this Period 1715.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5215.50
TOTAL This Period (last page this line number only).....▶	7815.50

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Values First

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Majority Strategies		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2020</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		08		2020
M M M	/	D D D	/	Y Y Y Y Y									
10		08		2020									
Mailing Address 12854 Kenan Drive Suite 145		FEC Identification Number											
City Jacksonville	State FL	Zip Code 32258	C										
Purpose of Disbursement Digital Advertising - State IE		Category/ Type	Transaction ID : SB29.4331										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		16000.00										
State: District:		<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Majority Strategies		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>14</td> <td></td> <td>2020</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		14		2020
M M M	/	D D D	/	Y Y Y Y Y									
10		14		2020									
Mailing Address 12854 Kenan Drive Suite 145		FEC Identification Number											
City Jacksonville	State FL	Zip Code 32258	C										
Purpose of Disbursement Digital Advertising - State IE		Category/ Type	Transaction ID : SB29.4333										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		19550.00										
State: District:		<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C.		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y									
Mailing Address		FEC Identification Number											
City	State	Zip Code	C										
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period										
Candidate Name													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:		<input type="checkbox"/> Memo Item											

SUBTOTAL of Disbursements This Page (optional).....▶	35550.00
TOTAL This Period (last page this line number only).....▶	35550.00

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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 4473.42
Transaction ID: SE.4267

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 4168.92
Transaction ID: SE.4274

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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 12 / 03 / 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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 3697.82
Transaction ID: SE.4277

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 3382.54
Transaction ID: SE.4280

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Riter, Joel, , ,

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Date 12 / 03 / 2020

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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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 2974.30
Transaction ID: SE.4281

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 2615.20
Transaction ID: SE.4285

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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, ,

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Date 12 / 03 / 2020

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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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 744.90
Transaction ID: SE.4295

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 809.34
Transaction ID: SE.4296

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Riter, Joel, , ,

[Electronically Filed]

Date

12 / 03 / 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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 30100.00
Disbursement For: General 2020

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Text Messaging Category/Type 004
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 30100.00
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Riter, Joel, , ,

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Date 12 / 03 / 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 Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Telephone Communications(Pre-payment for IEs)
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 26600.00
Transaction ID: SE.4318
Date of Disbursement or Obligation 10/26/2020

Full Name of Payee Connection Strategy, LLC
Mailing Address P.O. Box 1636
City Dripping Spring State TX Zip Code 78620
Purpose of Expenditure Telephone Communications(Payment for previously reported IEs)
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: General 2020
Amount 9250.00
Transaction ID: SE.4309
Date of Disbursement or Obligation 11/03/2020

(a) SUBTOTAL of Itemized Independent Expenditures 35850.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Riter, Joel, , ,

[Electronically Filed]

Date 12/03/2020

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 Cross Screen Media, LLC
Mailing Address 127 South Peyton Street Suite 301
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Digital Ad Placement Category/Type 004
Date of Public Distribution/Dissemination 10/29/2020
Amount 16573.62
Transaction ID : SE.4286
Date of Disbursement or Obligation 10/28/2020
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: Primary General Other (specify)

Full Name of Payee The Strategy Group for Media Inc
Mailing Address 7669 Stagers Loop
City Delaware State OH Zip Code 43015
Purpose of Expenditure Video Production Category/Type 004
Date of Public Distribution/Dissemination 10/29/2020
Amount 3500.00
Transaction ID : SE.4288
Date of Disbursement or Obligation 10/28/2020
Name of Federal Candidate: MCADAMS, BEN, , ,
Office Sought: House District: 04 State: UT
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20073.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 55923.62

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 12/03/2020

Signature