

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 2024

ADDRESS (number and street) 307 W. 36th St., 11th floor New York NY 10018

2. FEC IDENTIFICATION NUMBER C C00821439 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 01 / 01 / 2024 through 01 / 31 / 2024

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

Signature of Treasurer Lyons, Tony, , , Date 02 / 20 / 2024

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

Write or Type Committee Name

American Values 2024

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (14828899.34); (b) Cash on Hand at Beginning of Reporting Period (14828899.34); (c) Total Receipts (from Line 19) (9748299.11); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (24577198.45); 7. Total Disbursements (from Line 31) (1437470.68); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (23139727.77); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Values 2024

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

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	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.).....	9748299.11	9748299.11
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)).....▶	9748299.11	9748299.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9748299.11	9748299.11

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	93896.68	93896.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	93896.68	93896.68
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) .....	151647.00	151647.00
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).....	1191927.00	1191927.00
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)) ..	1437470.68	1437470.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1437470.68	1437470.68

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	93896.68	93896.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	93896.68	93896.68

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

No disbursements on Schedule B constitute contributions or independent expenditures; any transactions that meet those definitions are correctly disclosed on Line 23 or Schedule E. Reimbursement subvendor disbursements under \$200 to the original payee are not itemized but all memos to payees over \$200 in aggregate are itemized.

Form/Schedule:  
Transaction ID:

# 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 105
<input 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 checked="" 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 2024**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Flanagan, Matthew, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2024 <b>Transaction ID : ACADB5ADB33D42CB93</b>
Mailing Address 219 N 30th St		Amount of Each Receipt this Period 5000.00
City Waco	State TX	Zip Code 76710-7223
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Non-contribution account
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Civil Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. West, Thomas, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 10 / 2024 <b>Transaction ID : AE19DB1CB0D314BECA32</b>
Mailing Address 3733 Summercrest Dr		Amount of Each Receipt this Period 5000.00
City Fort Worth	State TX	Zip Code 76109-3302
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Non-contribution account
Name of Employer (for Individual) Founder	Occupation (for Individual) August Property Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lund, Kristen, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2024 <b>Transaction ID : ABE149BCAC18948DBBE3</b>
Mailing Address 7501 E McCormick Pkwy		Amount of Each Receipt this Period 1000.00
City Scottsdale	State AZ	Zip Code 85258-3429
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Non-contribution account
Name of Employer (for Individual) SOUND BODY STUDIO	Occupation (for Individual) Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> 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 8 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Shanley, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Venetian Way  
 City Miami Beach State FL Zip Code 33139-8806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 10 / 2024  
**Transaction ID : A9B0D06E75B95432F988**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

**B. Tabbaa, Lonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18412 Southern Hills Way  
 City Yorba Linda State CA Zip Code 92886-2566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2024  
**Transaction ID : A4860DABF051046A9943**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Neu, J., , ,**  
 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) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 01 / 21 / 2024  
**Transaction ID : A0F7256A107D04A5EB47**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65000.00
<b>TOTAL</b> 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 9 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Segal, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 Mountain Blvd  
 Ste 201  
 City Warren State NJ Zip Code 07059-5678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) B&D Holdings Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6600.00

Date of Receipt 01 / 05 / 2024  
**Transaction ID : A49F2E4CB8FC240F0A7B**  
 Amount of Each Receipt this Period 6600.00  
 Memo Item  
 Non-contribution account

**B. Lasensky, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Boot Rd  
 City Newtown Square State PA Zip Code 19073-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Accurate Occupation (for Individual) Recycling  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 02 / 2024  
**Transaction ID : ACC805E43B0F042F8928**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Bishop, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 El Vedado Rd  
 City Palm Beach State FL Zip Code 33480-4733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Impala Asset Management Occupation (for Individual) Investments  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 01 / 12 / 2024  
**Transaction ID : A537806855858410894D**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26600.00
<b>TOTAL</b> 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 10 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Rockefeller, Abby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Irving St  
 City Cambridge State MA Zip Code 02138-2067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 12 / 2024  
**Transaction ID : AD5E6C16E8C444A6CAC3**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

**B. Flores, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10315 Van Dyke Rd  
 City Dallas State TX Zip Code 75218-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cooper General Contractors Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 30 / 2024  
**Transaction ID : A3F8B7698B5A1486E98E**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Jackson, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11500 Great Falls Way  
 City Great Falls State VA Zip Code 22066-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sioneer Occupation (for Individual) Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 22 / 2024  
**Transaction ID : A6372AB3A49DF4800B47**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57000.00
<b>TOTAL</b> 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 11 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Sebita, Omar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Lone Star Ave  
 City Venus State TX Zip Code 76084-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) My trucking agent Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 03 / 2024  
**Transaction ID : AB1527BC5399F4434B0D**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**B. Zuccari, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7027 Elizabeth Dr  
 City McLean State VA Zip Code 22101-2624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hamilton Insurance Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : AB12B8A2DF95B438F93C**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Hyman, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Glendale Rd  
 City Housatonic State MA Zip Code 01236-9728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 07 / 2024  
**Transaction ID : A1DECB7BAA6B548708D8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> 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 12 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Baum, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 3rd St  
 City Santa Monica State CA Zip Code 90405-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wisner Baum Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 01 / 02 / 2024  
**Transaction ID : A54476433924845728AA**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-contribution account

**B. Kall, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 916 Highline Rd  
 City Glendale State CA Zip Code 91205-3866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gavin de Becker & Associates Occupation (for Individual) Chief Accounting Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 10 / 2024  
**Transaction ID : A9FF5ECEEE643846DFBFC**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

**C. Erickson, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5615 Wenlock St  
 City Los Angeles State CA Zip Code 90016-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Total Body Experts Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 21 / 2024  
**Transaction ID : AE2692001742748FA9A9**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62000.00
<b>TOTAL</b> 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 13 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. James, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 331 87th St

City Stone Harbor State NJ Zip Code 08247-1622

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Planetary Force

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5555.00

Date of Receipt **01 / 01 / 2024**  
**Transaction ID : ABAE778311C934DDD84A**

Amount of Each Receipt this Period 5555.00

Memo Item  
Non-contribution account

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

Mailing Address 331 87th St

City Stone Harbor State NJ Zip Code 08247-1622

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Planetary Force

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 6555.00

Date of Receipt **01 / 17 / 2024**  
**Transaction ID : A478839B29DE444BFB5E**

Amount of Each Receipt this Period 1000.00

Memo Item  
Non-contribution account

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

Mailing Address 870 E North Union Ave

City Midvale State UT Zip Code 84047-5111

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Film-maker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **01 / 24 / 2024**  
**Transaction ID : A201DF2E3036B4E329CA**

Amount of Each Receipt this Period 10000.00

Memo Item  
Non-contribution account

**SUBTOTAL** of Receipts This Page (optional).....▶ 16555.00

**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 14 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Smith, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 M St NW  
 City Washington State DC Zip Code 20007-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ashley Dabbiere Occupation (for Individual) Estate Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 15 / 2024  
**Transaction ID : AA6C76B61B4DE4AFCBBI**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Elmer, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4005 Badenoch Way  
 City Flower Mound State TX Zip Code 75022-5012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parkway Occupation (for Individual) Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : A5DB6EA2B660D4E26858**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Beshara, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Potomac Ave SE  
 City Washington State DC Zip Code 20003-4938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilmer Cutler Pickering Hale and Dorr Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : A4754FA955F2946D28D7**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> 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 15 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Stern, Lessing, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4101 Wooden Shoe Ln  
 City Peoa State UT Zip Code 84061-9709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ten Eighty, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 16 / 2024  
**Transaction ID : AE2FA0F46168141879A1**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

**B. Steinberg, Sabine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1835 Knoll Dr  
 City Ventura State CA Zip Code 93003-7321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 21 / 2024  
**Transaction ID : ABA263C63E8944E129B2**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Norman, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7790 Heatherton Ln  
 City Potomac State MD Zip Code 20854-3212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Social worker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : AA980E08D111343B49FD**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56000.00
<b>TOTAL</b> 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 16 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Dvoskin, Lisa Claire, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4102 40th St N  
 City Arlington State VA Zip Code 22207-4805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2024  
**Transaction ID : AA3C838E0624F4272B15**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Mellon, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1500  
 City Saratoga State WY Zip Code 82331-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 01 / 08 / 2024  
**Transaction ID : A9D42BAB17D9E457DBBC**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item  
 Non-contribution account

**C. Barnes, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3940 Buena Vista St Unit 305  
 City Dallas State TX Zip Code 75204-1671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuWest Realty Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 25 / 2024  
**Transaction ID : AB471D11624F24D0C9B3**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5006000.00
<b>TOTAL</b> 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 17 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Nikiel, Jerilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6405 Mallard Trace Dr  
 City Tallahassee State FL Zip Code 32312-1587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Deloitte Occupation (for Individual) Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 07 / 2024  
**Transaction ID : A3A148BAB45BF49FAA65**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Hart, Tricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16215 Shadow Mountain Dr  
 City Pacific Palisades State CA Zip Code 90272-2351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : AA5D1DBC4EE594BF689D**  
 Amount of Each Receipt this Period 3750.00  
 Memo Item  
 Non-contribution account

**C. Gumenick, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4808 Moorland Ln  
 City Bethesda State MD Zip Code 20814-6144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MGM Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : A1B3088C8AF2C486BB94**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<b>TOTAL</b> 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 18 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Peterzell, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2534 Tilden Ave  
 City Los Angeles State CA Zip Code 90064-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self and Fielding Graduate University Occupation (for Individual) Psychologist, Cognitive Neuroscientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 18 / 2024**  
**Transaction ID : A8BEB063167274F35934**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 Non-contribution account

**B. Peterzell, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2534 Tilden Ave  
 City Los Angeles State CA Zip Code 90064-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self and Fielding Graduate University Occupation (for Individual) Psychologist, Cognitive Neuroscientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 08 / 2024**  
**Transaction ID : AA94D3EFB75C746DD804**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Stewart, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Technology Pkwy S  
 City Norcross State GA Zip Code 30092-3452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JTS Health Partners Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 21 / 2024**  
**Transaction ID : A7D3BAF35DDD04DE4911**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> 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 19 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Liljegren, Erik, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 25 / 2024
Mailing Address 45 Wyncote Rd			Transaction ID : <b>AEFBAAF44D3F946CD906</b>
City Ho Ho Kus	State NJ	Zip Code 07423-1026	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self Employed		Occupation (for Individual) producer	<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lewendon, Ryan, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 14 / 2024
Mailing Address 411 W 14th St			Transaction ID : <b>A0B7771A7133C4791B87</b>
City New York	State NY	Zip Code 10014-1082	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) self		Occupation (for Individual) Law	<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Liberatore, Anthony, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 20 / 2024
Mailing Address 38 Hillsbury Ln			Transaction ID : <b>AE498E0F2ED6349A08DD</b>
City Stamford	State CT	Zip Code 06903-2319	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 20 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Liberatore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hillsbury Ln  
 City Stamford State CT Zip Code 06903-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : AF5E5ADD583BA4F23A0F**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

**B. Adams, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1541  
 City Aspen State CO Zip Code 81612-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Entrepreneur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105350.00

Date of Receipt 01 / 19 / 2024  
**Transaction ID : A94CFBF2D05684D1CA6E**  
 Amount of Each Receipt this Period 105350.00  
 Memo Item  
 In-kind noncontrib acct: Alpaca Shawls and shipping

**C. EPSTEIN, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2590 Ranch Reserve Rdg  
 City Denver State CO Zip Code 80234-2696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EPIENERGETICS INSTITUTE LLC Occupation (for Individual) LEADER/AUTHOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 01 / 02 / 2024  
**Transaction ID : A710FB8B1BFAE45C3AE0**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157350.00
<b>TOTAL</b> 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 21 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Wood, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1534 N Moorpark Rd  
 City Thousand Oaks State CA Zip Code 91360-5129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Olympia Productions LLC Occupation (for Individual) Promoter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : A08855B986420443BA26**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-contribution account

**B. Tramonte, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2551 N Vermont St  
 City Arlington State VA Zip Code 22207-4125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Italian Store Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 24 / 2024  
**Transaction ID : A2695D2A5CA144AFDA9B**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

**C. Calkins, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 Mandeville Canyon Rd  
 City Los Angeles State CA Zip Code 90049-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norton Rose Fulbright US LLP Occupation (for Individual) Attorney/Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : AE4E76570BD744A8A8FA**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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 22 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. RIZZUTO-FLANCAUM, SERGIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 NW Corporate Blvd Ste 317  
 City Boca Raton State FL Zip Code 33431-7369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Self employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 16 / 2024  
**Transaction ID : A92F384C80F7B4902B4A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. George, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8032 N 75th St  
 City Scottsdale State AZ Zip Code 85258-2728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) K4 Ent Occupation (for Individual) Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 21 / 2024  
**Transaction ID : AF18D04CD1F8248E9A29**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-contribution account

**C. Banuelos, Rene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3419 Winnetka  
 City San Diego State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 22Digital Media, Inc. Occupation (for Individual) Growth Hacking Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : AC224596290FC4500BB0**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> 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 23 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Holland, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Joyce Dr  
 City Chestnut Ridge State NY Zip Code 10977-6613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Health Defense Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 11 / 2024  
**Transaction ID : AE2447D558F1742A58D3**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-contribution account

**B. Toomey, Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 Acanto PI  
 City Los Angeles State CA Zip Code 90049-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Toomey Enterprises Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : AD61EFA3968A74174B2C**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

**C. Toomey, Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 Acanto PI  
 City Los Angeles State CA Zip Code 90049-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Toomey Enterprises Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : A50758DD559954E17AF1**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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 24 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Byrne, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Doe Run  
 City Gansevoort State NY Zip Code 12831-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Renewable Energy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 29 / 2024**  
**Transaction ID : A9464B560464E4CCDB3D**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Merinoff, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4980 Windham Hill Rd  
 City West Townshend State VT Zip Code 05359-9651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Meadows Bee Farm Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **01 / 11 / 2024**  
**Transaction ID : ACC5393FBA0FD491D806**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-contribution account

**C. Merinoff, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4980 Windham Hill Rd  
 City West Townshend State VT Zip Code 05359-9651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Meadows Bee Farm Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt **01 / 17 / 2024**  
**Transaction ID : A0BD812250D0A414EA64**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16000.00
<b>TOTAL</b> 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 25 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Merinoff, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4980 Windham Hill Rd  
 City West Townshend State VT Zip Code 05359-9651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Meadows Bee Farm Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : A91541742D7154E01AC8**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**B. Merinoff, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4980 Windham Hill Rd  
 City West Townshend State VT Zip Code 05359-9651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Meadows Bee Farm Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 01 / 04 / 2024  
**Transaction ID : A7137F0BD6D584E62962**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item  
 Non-contribution account

**C. Cox, Daphne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3603 Jack Cullen Dr  
 City Texarkana State AR Zip Code 71854-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Accountant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2024  
**Transaction ID : A23AB941103ED492191E**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> 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 26 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. Ractliffe, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 N 95th St  
 City Milwaukee State WI Zip Code 53226-4441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Film-maker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 01 / 16 / 2024  
**Transaction ID : A5D679006E8B443B3969**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item  
 Non-contribution account

**B. Osterhoff, Kayla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1541 Peachcrest Rd  
 City Decatur State GA Zip Code 30032-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Her Biorhythm Occupation (for Individual) Neuroscientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 20 / 2024  
**Transaction ID : A315A7759AF0F4F9CA99**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Shull, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Payday Dr  
 City Park City State UT Zip Code 84060-6705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The ReThink Group Inc Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2024  
**Transaction ID : A28692DF21C3844B8BDE**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81000.00
<b>TOTAL</b> 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 27 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

**A. CSI PRODUCTIONS INC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 N Hibiscus Dr

City Miami Beach	State FL	Zip Code 33139-5100
---------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2024

**Transaction ID : A3EF1933E09A743779F0**

Amount of Each Receipt this Period  
36000.00

Memo Item  
Non-contribution account

**B. PLANETA MANAGEMENT LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 W Liberty St  
Ste 645

City Reno	State NV	Zip Code 89501-1946
--------------	-------------	------------------------

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 ▼  
4000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2024

**Transaction ID : A5B8C62C460594E78929**

Amount of Each Receipt this Period  
4000000.00

Memo Item  
Non-contribution account

**C. Timesprospect Private Limited**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 198, 3rd floor, KG-1

City New Dehli, India	State ZZ	Zip Code 00000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
382.59

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2024

**Transaction ID : ABF247C1003394F04AC9**

Amount of Each Receipt this Period  
382.59

Memo Item  
Non-Contribution Account - Refund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4036382.59
<b>TOTAL</b> 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 28 OF 105
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Values 2024**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Democracy Demands Debate LLC</b>			Date of Receipt MM / DD / YYYY 01 / 03 / 2024
Mailing Address 870 E North Union Ave			Transaction ID : AF4429D629F1C4BCDB13
City Midvale	State UT	Zip Code 84047-5111	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 75000.00
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 75000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75000.00
<b>TOTAL</b> This Period (last page this line number only).....	9748137.59

# 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 2024**

Full Name (Last, First, Middle Initial) <b>A. First National Bank of Omaha</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2024	
Mailing Address 1620 Dodge St		FEC Identification Number C [ ] <b>Transaction ID : B13C9AD845</b> Amount of Each Disbursement this Period [ ] 49666.74	
City Omaha	State NE	Zip Code 68197-0003	Category/Type [ ]
Purpose of Disbursement Non-contribution account - Credit card payment		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. First National Bank of Omaha</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 1620 Dodge St		FEC Identification Number C [ ] <b>Transaction ID : B4A2FA2638/</b> Amount of Each Disbursement this Period [ ] 44229.94	
City Omaha	State NE	Zip Code 68197-0003	Category/Type [ ]
Purpose of Disbursement Non-contribution account - Credit card payment		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/Type [ ]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	93896.68
<b>TOTAL</b> This Period (last page this line number only).....▶	93896.68

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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Valovic, Thomas, , , . Includes fields for Full Name, Mailing Address (20 Colonial Dr, Unit 6), City (Andover), State (MA), Zip Code (01810-7347), Purpose of Disbursement (Noncontribution account - Communications consulting), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (1000.00). Transaction ID: B548FD8FAD.

Form B: Kinnally, Ellen, , , . Includes fields for Full Name, Mailing Address (315 Hawthorne Dr), City (Lake Park), State (FL), Zip Code (33403-2731), Purpose of Disbursement (Noncontribution account - Public Relations), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (5000.00). Transaction ID: BDEE304578.

Form C: Sheldon, Debra, , , . Includes fields for Full Name, Mailing Address (292 Country Route 21C), City (Ghent), State (NY), Zip Code (12075), Purpose of Disbursement (Noncontribution account - National Organizing), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (6800.00). Transaction ID: B86D7B08EE.

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

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

Summary boxes showing amounts: 12800.00 and an empty box.

# 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Rice, Andrew, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 11615 Fawn Lake Pkwy		FEC Identification Number <b>C</b> Transaction ID : <b>BF14D93DB9</b> Amount of Each Disbursement this Period 6967.74
City Spotsylvania	State VA	
Zip Code 22551-4679	Purpose of Disbursement Noncontribution account - Public Relations	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kinnally, Ellen, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 315 Hawthorne Dr		FEC Identification Number <b>C</b> Transaction ID : <b>B3C15C2D98</b> Amount of Each Disbursement this Period 2500.00
City Lake Park	State FL	
Zip Code 33403-2731	Purpose of Disbursement Noncontribution account - Public Relations	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Goldfarb, Deirdre, Lyman, ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 330 S Spalding Dr Apt 105		FEC Identification Number <b>C</b> Transaction ID : <b>B197379683</b> Amount of Each Disbursement this Period 15000.00
City Beverly Hills	State CA	
Zip Code 90212-3612	Purpose of Disbursement Noncontribution account - Legal consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24467.74
<b>TOTAL</b> 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)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Armstrong, Matthew, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

Form B: Cabrera, Esteban, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

Form C: Cabrera, Esteban, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

SUBTOTAL of Disbursements This Page (optional)..... 5859.52
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Solomon, Kathilyn, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 6420 29th St W		FEC Identification Number <b>C</b> Transaction ID : <b>BE1B2477D9</b> Amount of Each Disbursement this Period 5000.00
City Saint Louis Park	State MN	
Zip Code 55426-6000	Purpose of Disbursement Noncontribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bruce, Catherine, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024
Mailing Address PO Box 50055		FEC Identification Number <b>C</b> Transaction ID : <b>BC137D1F92I</b> Amount of Each Disbursement this Period 750.00
City Columbia	State SC	
Zip Code 29250-0055	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lavin, Katie, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 1220 E 6290 S		FEC Identification Number <b>C</b> Transaction ID : <b>B0EE001D4F</b> Amount of Each Disbursement this Period 13000.00
City Murray	State UT	
Zip Code 84121-1937	Purpose of Disbursement Noncontribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18750.00
<b>TOTAL</b> 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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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 2024

Form A: Adams, Holly, , , . Includes fields for Full Name, Mailing Address (1843 18th St), City (Santa Monica), State (CA), Zip Code (90404-4415), Purpose of Disbursement (Non-Contribution Account - Event DJ), Candidate Name, Office Sought, Disbursement For (2023), and Amount of Each Disbursement (5000.00).

Form B: Cabrera, Esteban, , , . Includes fields for Full Name, Mailing Address (49 Bonnie Gellman Ct), City (Philadelphia), State (PA), Zip Code (19114-3228), Purpose of Disbursement (Noncontribution account - National Organizing), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (2374.19).

Form C: Robertson, Amanda, , , . Includes fields for Full Name, Mailing Address (3003 Pinetuck Ln), City (Rock Hill), State (SC), Zip Code (29730-7585), Purpose of Disbursement (Noncontribution account - Marketing Team), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (7500.00).

SUBTOTAL of Disbursements This Page (optional) 14874.19
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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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 2024

Form A: Conte, Louis, , ,
Mailing Address PO Box 14
City Thornwood, State NY, Zip Code 10594-0014
Purpose of Disbursement: Noncontribution account - Communications consulting
Candidate Name
Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (specify)
Amount of Each Disbursement this Period: 5500.00
Transaction ID: BAB5A93E5E

Form B: Banner, Lilliam, , ,
Mailing Address 521 Wellington St
City Middlesex, State NJ, Zip Code 08846-2068
Purpose of Disbursement: Non-Contribution Account - Communications Consulting
Candidate Name
Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (specify)
Amount of Each Disbursement this Period: 1929.03
Transaction ID: BA2371D514f

Form C: Warner, Kyle, , ,
Mailing Address 7534 S Wagons View Ave
City Boise, State ID, Zip Code 83716-7200
Purpose of Disbursement: Noncontribution account - National Organizing
Candidate Name
Office Sought: House, Senate, President
Disbursement For: 2024
Primary, General, Other (specify)
Amount of Each Disbursement this Period: 7000.00
Transaction ID: BB04785600

Summary table with rows for SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only), with amounts 14429.03 and a blank space respectively.

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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Mitchell, Joseph, , , . Includes fields for Mailing Address (1421 E 45th St), City (Brooklyn), State (NY), Zip Code (11234-2011), Purpose of Disbursement (Noncontribution account - National Organizing), and Date of Disbursement (01/08/2024). Transaction ID: BE6CD14C8A. Amount: 10000.00.

Form B: Valovic, Thomas, , , . Includes fields for Mailing Address (20 Colonial Dr Unit 6), City (Andover), State (MA), Zip Code (01810-7347), Purpose of Disbursement (Noncontribution account - Communications consulting), and Date of Disbursement (01/09/2024). Transaction ID: BA8F2F70063. Amount: 1000.00.

Form C: Owens, Nancy, , , . Includes fields for Mailing Address (2121 S Yorktown Ave Apt 202), City (Tulsa), State (OK), Zip Code (74114-1425), Purpose of Disbursement (Noncontribution account - Communications consulting), and Date of Disbursement (01/30/2024). Transaction ID: B5E6945288I. Amount: 3000.00.

SUBTOTAL of Disbursements This Page (optional)..... 14000.00
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 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

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 2024**

Full Name (Last, First, Middle Initial) <b>A. Quaranda, Scot, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 232 Martins Creek Rd		FEC Identification Number C <b>Transaction ID : B8C1C9F4D4</b> Amount of Each Disbursement this Period 5000.00
City Barnardsville	State NC	
Zip Code 28709-8704	Purpose of Disbursement Noncontribution account - National Organizing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Orrison, Carrie, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 27 Oak Ln		FEC Identification Number C <b>Transaction ID : B14AC1187B:</b> Amount of Each Disbursement this Period 1530.00
City Macon	State GA	
Zip Code 31210-6030	Purpose of Disbursement Noncontribution account - Reimbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alexander, Victoria, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 68 Sheffield Rd		FEC Identification Number C <b>Transaction ID : B4A597CA6T</b> Amount of Each Disbursement this Period 5000.00
City Amenia	State NY	
Zip Code 12501-5627	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11530.00
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Elakman, Ross, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address 5 Cardinal Dr		FEC Identification Number <b>C</b> <b>Transaction ID : B8BFDCBBB</b> Amount of Each Disbursement this Period 2859.04
City Woodstock	State NY	
Zip Code 12498-1903		Memo Item <input type="checkbox"/>
Purpose of Disbursement Noncontribution account - Travel reimbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Probosz, Solomon, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 6420 29th St W		FEC Identification Number <b>C</b> <b>Transaction ID : B875BA901A</b> Amount of Each Disbursement this Period 1259.63
City Saint Louis Park	State MN	
Zip Code 55426-6000		Memo Item <input type="checkbox"/>
Purpose of Disbursement Noncontribution account - Travel reimbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sams, Jessica, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2024
Mailing Address 8936 S Bay Dr		FEC Identification Number <b>C</b> <b>Transaction ID : B40B872B2C</b> Amount of Each Disbursement this Period 8500.00
City Orlando	State FL	
Zip Code 32819-4961		Memo Item <input type="checkbox"/>
Purpose of Disbursement Noncontribution account - Executive consulting		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12618.67
<b>TOTAL</b> 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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Disbursement for Smith, Broc, , , . Includes fields for name, address (5505 E McLellan Rd), city (Mesa), state (AZ), zip (85205-3408), purpose (Marketing Team), and amount (4000.00).

Form B: Disbursement for Tumay, Sim, , , . Includes fields for name, address (16405 Via Venetia W), city (Delray Beach), state (FL), zip (33484-6485), purpose (Marketing Team), and amount (3000.00).

Form C: Disbursement for Watson, Leah, , , . Includes fields for name, address (183 Pinehurst Ave), city (New York), state (NY), zip (10033-1811), purpose (Communications consulting), and amount (3000.00).

SUBTOTAL of Disbursements This Page (optional) 10000.00
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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Disbursement for Aston, Walter, , , dated 01/30/2024, amount 12000.00, Transaction ID B8097207A5c.

Form B: Disbursement for Hylton, Kevin, , , dated 01/19/2024, amount 2700.00, Transaction ID BE65C5136C1.

Form C: Disbursement for Aston, Walter, , , dated 01/31/2024, amount 12000.00, Transaction ID BC042F7BC1.

SUBTOTAL of Disbursements This Page (optional) 26700.00
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 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 2024**

**A. Sturgess, William, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Tyrol Rd.

City West Vancouver, Canada State ZZ Zip Code 00000

Purpose of Disbursement  
Noncontribution account - Communications consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 08 / 2024

FEC Identification Number: C  
Transaction ID : B470688DAD  
Amount of Each Disbursement this Period: 4200.00

Memo Item

**B. Freda, Anthony, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 Jade St

City Oakdale State NY Zip Code 11769-2425

Purpose of Disbursement  
Noncontribution account - Marketing Team

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 30 / 2024

FEC Identification Number: C  
Transaction ID : BBE253AF2B  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**C. Lee, Justin, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2601 Mathews St

City Berkeley State CA Zip Code 94702-2213

Purpose of Disbursement  
Noncontribution account - Marketing Team

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 30 / 2024

FEC Identification Number: C  
Transaction ID : B110B19136  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12200.00

**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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Lyons, Charles, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

Form B: Junceau, Martial, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

Form C: Sams, Jessica, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Disbursement For: 2024.

SUBTOTAL of Disbursements This Page (optional) 25250.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Garrie, Adam, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 50 Abingdon Sq		FEC Identification Number <b>C</b> Transaction ID : <b>B3491B360FI</b> Amount of Each Disbursement this Period 3000.00
City New York	State NY	
Zip Code 10014-1848	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Voltti, Sanna, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 825 Walton Ave Apt 5C		FEC Identification Number <b>C</b> Transaction ID : <b>B0AFB4F798I</b> Amount of Each Disbursement this Period 4000.00
City Bronx	State NY	
Zip Code 10451-2308	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gilmore, John, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 550 E Chester St		FEC Identification Number <b>C</b> Transaction ID : <b>B5D8E33F79</b> Amount of Each Disbursement this Period 12500.00
City Long Beach	State NY	
Zip Code 11561-2413	Purpose of Disbursement Noncontribution account - National Organizing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19500.00
<b>TOTAL</b> 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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Disbursement for Billy Kozi. Includes fields for Name, Address (50 N 5th St), City (Brooklyn), State (NY), Zip (11249-3300), Purpose (Noncontribution account - Communications consulting), and Amount (4800.00).

Form B: Disbursement for Kevin Connery. Includes fields for Name, Address (4424 Gaines Ranch Loop), City (Austin), State (TX), Zip (78735-6500), Purpose (Noncontribution account - Communications consulting), and Amount (5000.00).

Form C: Disbursement for Trinidad Smith. Includes fields for Name, Address (41 Crescent Dr S), City (Byram Township), State (NJ), Zip (07821-4011), Purpose (Non-Contribution Account - Communications Consulting), and Amount (5500.00).

SUBTOTAL of Disbursements This Page (optional) 15300.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Kane, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 3187 Mark Alan Dr		FEC Identification Number <b>C</b> <b>Transaction ID : B8DE47DD32</b> Amount of Each Disbursement this Period 4791.50
City Wantagh	State NY	
Zip Code 11793-1838	Purpose of Disbursement Noncontribution account - National Organizing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elakman, Ross, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 5 Cardinal Dr		FEC Identification Number <b>C</b> <b>Transaction ID : B14D60AB1A</b> Amount of Each Disbursement this Period 4500.00
City Woodstock	State NY	
Zip Code 12498-1903	Purpose of Disbursement Noncontribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pier, Melanie, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 37 Jay St.		FEC Identification Number <b>C</b> <b>Transaction ID : B48DBACE5</b> Amount of Each Disbursement this Period 2000.00
City Vankleek Hill, Canada	State ZZ	
Zip Code 00000	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11291.50
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Tumay, Sim, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 16405 Via Venetia W		FEC Identification Number <b>C</b> Transaction ID : <b>BD6FC70D22</b> Amount of Each Disbursement this Period 314.28
City Delray Beach	State FL	
Zip Code 33484-6485	Purpose of Disbursement Noncontribution account - Transportation	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Earls, Richard, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 3125 Crossroads Station Blvd Apt 401		FEC Identification Number <b>C</b> Transaction ID : <b>B82EADDDE4</b> Amount of Each Disbursement this Period 4000.00
City Fredericksburg	State VA	
Zip Code 22408-1755	Purpose of Disbursement Noncontribution account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Welsh, Timothy, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 11689 Catlin Homer Rd		FEC Identification Number <b>C</b> Transaction ID : <b>B6F232EA76</b> Amount of Each Disbursement this Period 4000.00
City Catlin	State IL	
Zip Code 61817-9169	Purpose of Disbursement Noncontribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

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

8314.28

**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 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

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 2024**

Full Name (Last, First, Middle Initial) <b>A. Faust, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 10502 Jim Lovell Ln		FEC Identification Number <b>C</b> Transaction ID : <b>BFFB850CCA</b> Amount of Each Disbursement this Period 10000.00
City Lanham	State MD	
Zip Code 20706-2592	Purpose of Disbursement Noncontribution account - National Organizing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adams, Daniel, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024
Mailing Address PO Box 1541		FEC Identification Number <b>C</b> Transaction ID : <b>B3351A05133</b> Amount of Each Disbursement this Period 105350.00
City Aspen	State CO	
Zip Code 81612-1541	Purpose of Disbursement In-kind noncontrib acct: Alpaca Shawls and shipping	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. McDonald, Candace, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 2786 E 4430 S FI 6		FEC Identification Number <b>C</b> Transaction ID : <b>B199FF75AE</b> Amount of Each Disbursement this Period 15000.00
City Salt Lake City	State UT	
Zip Code 84124-3764	Purpose of Disbursement Noncontribution account - Executive consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

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

130350.00

**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)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Disbursement for Sharpe, Larry, , , . Includes fields for name, address, date (01/30/2024), amount (15000.00), and transaction ID (B3253EAA53).

Form B: Disbursement for Hence, Kyle, , , . Includes fields for name, address, date (01/18/2024), amount (4000.00), and transaction ID (B885A7DB2D).

Form C: Disbursement for Wolfe, Brian, , , . Includes fields for name, address, date (01/16/2024), amount (3000.00), and transaction ID (B6C36CF99E).

SUBTOTAL of Disbursements This Page (optional) 22000.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Brase, Brian, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 3086 County Road 32		FEC Identification Number <b>C</b> Transaction ID : <b>B1A15E8DFB</b> Amount of Each Disbursement this Period 10000.00
City Kansas	State OH	
Zip Code 44841-9613	Purpose of Disbursement Noncontribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Junceau, Martial, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024
Mailing Address 6042 Putnam Ave Apt 1		FEC Identification Number <b>C</b> Transaction ID : <b>BB42B87422I</b> Amount of Each Disbursement this Period 2125.00
City Ridgewood	State NY	
Zip Code 11385-4558	Purpose of Disbursement Noncontribution account - National Organizing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Probosz, Solomon, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 6420 29th St W		FEC Identification Number <b>C</b> Transaction ID : <b>BC4D9A344E</b> Amount of Each Disbursement this Period 5000.00
City Saint Louis Park	State MN	
Zip Code 55426-6000	Purpose of Disbursement Noncontribution account - Executive consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17125.00
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. House, Niko, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 829 SW 18th Ave Apt 209		FEC Identification Number C [REDACTED] <b>Transaction ID : B89ACE568B</b>
City Miami	State FL	Zip Code 33135-5289
Purpose of Disbursement Noncontribution account - Communications consulting		Amount of Each Disbursement this Period [REDACTED] 3000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Good, Aaron, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 1690 Newtown-Langhorne Rd. PMB 43 Pmb 4385		FEC Identification Number C [REDACTED] <b>Transaction ID : BA54BA4E21</b>
City Newtown	State PA	Zip Code 18940-2414
Purpose of Disbursement Noncontribution account - Communications consulting		Amount of Each Disbursement this Period [REDACTED] 4000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robeson, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 3815 Margrave Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : B7495681AB</b>
City Columbia	State SC	Zip Code 29203-3944
Purpose of Disbursement Noncontribution account - Communications consulting		Amount of Each Disbursement this Period [REDACTED] 6000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 13000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Kane, Michael, , , Disbursement details including date (01/08/2024), amount (4791.50), and transaction ID (B367E858938).

Form B: Stevens, Lindsay, , , Disbursement details including date (01/30/2024), amount (10000.00), and transaction ID (BE18148AD6).

Form C: Stoll, Benjamin, , , Disbursement details including date (01/31/2024), amount (7000.00), and transaction ID (B2245410DD).

SUBTOTAL of Disbursements This Page (optional) 21791.50
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Good Girl PR, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024
Mailing Address 123 Linden, 16Y FI STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : B37721E40DI</b> Amount of Each Disbursement this Period 7500.00
City Brooklyn	State NY	Zip Code 11226-9702
Purpose of Disbursement Non-contribution account - National Organizing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Timespect Private Limited</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2024
Mailing Address 198, 3rd floor, KG-1		FEC Identification Number C [REDACTED] <b>Transaction ID : B42CA9116FI</b> Amount of Each Disbursement this Period 382.59
City New Dehli, India	State ZZ	Zip Code 00000
Purpose of Disbursement Non-contribution account - Marketing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Nationbuilder</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2024
Mailing Address 520 S Grand Ave FI 2		FEC Identification Number C [REDACTED] <b>Transaction ID : B56D7BD41I</b> Amount of Each Disbursement this Period 7977.98
City Los Angeles	State CA	Zip Code 90071-2600
Purpose of Disbursement Non-Contribution Account - Bank fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

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

15860.57

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Athena Labs LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2024
Mailing Address 220 Calle Manuel Domenech		FEC Identification Number <b>C</b> <b>Transaction ID : B1FB6F736C</b> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Memo Item
City San Juan	State PR	
Zip Code 00918-3533		
Purpose of Disbursement Non-contribution account - Executive		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. 17 Entertainment</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 22-15 41 Street, 2nd Floor		FEC Identification Number <b>C</b> <b>Transaction ID : B94C840E8F</b> Amount of Each Disbursement this Period 9000.00 <input type="checkbox"/> Memo Item
City Astoria	State NY	
Zip Code 11105		
Purpose of Disbursement Non-contribution account - National Organizing		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. De Los Suelos, Inc</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 8149 Santa Monica Blvd Ste 320		FEC Identification Number <b>C</b> <b>Transaction ID : BCBC138C7</b> Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item
City West Hollywood	State CA	
Zip Code 90046-4912		
Purpose of Disbursement Non-contribution account - Events		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12750.00
<b>TOTAL</b> 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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Allesig Group LLC. Includes fields for Full Name, Mailing Address (24 Fitzrandolph St), City (Green Brook), State (NJ), Zip Code (08812-2427), Purpose of Disbursement (Non-Contribution Account - Hats, Bumper stickers and car flags), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (5637.20). Transaction ID: BB50FB629D.

Form B: Emerald Eagle LLC. Includes fields for Full Name, Mailing Address (2201 Menaul Blvd NE Ste A), City (Albuquerque), State (NM), Zip Code (87107-1711), Purpose of Disbursement (Non-contribution account - Executive), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (15000.00). Transaction ID: B4575441AA7.

Form C: Public Appeal LLC. Includes fields for Full Name, Mailing Address (30 N Gould St Ste R), City (Sheridan), State (WY), Zip Code (82801-6317), Purpose of Disbursement (Non-contribution account - Ballot Access), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (125000.00). Transaction ID: B4403F97E3.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only). Both rows show a total amount of 145637.20.

# 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Common Ground Partners</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024
Mailing Address 2961A Hunter Mill Rd Ste 808		FEC Identification Number C [REDACTED] <b>Transaction ID : B6A30C7995I</b> Amount of Each Disbursement this Period 40000.00
City Oakton	State VA	Zip Code 22124-1704
Purpose of Disbursement Non-contribution account - Ballot Access		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Good Girl PR, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024
Mailing Address 123 Linden, 16Y FI STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : B28EC8AD3C</b> Amount of Each Disbursement this Period 549.00
City Brooklyn	State NY	Zip Code 11226-9702
Purpose of Disbursement Non-contribution account - Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Three Arbor Insurance</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 2828 Old 280 Ct Ste 126		FEC Identification Number C [REDACTED] <b>Transaction ID : B966FD0966</b> Amount of Each Disbursement this Period 114157.99
City Vestavia	State AL	Zip Code 35243-2655
Purpose of Disbursement Non-contribution account - Insurance		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	154706.99
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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)

Form for line numbers 21b-29, with 29 checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Allesig Group LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Thierry Isambert Culinary And Event Design. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Cape Point Consulting LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Cape Point Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2024
Mailing Address 8206 Louisiana Blvd NE Ste ASTEA		FEC Identification Number C [REDACTED] <b>Transaction ID : B3518DA342</b>
City Albuquerque	State NM	Zip Code 87113-1738
Purpose of Disbursement Non-contribution account - Executive		Amount of Each Disbursement this Period 15000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First National Bank of Omaha</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 1620 Dodge St		FEC Identification Number C [REDACTED] <b>Transaction ID : B61F58A33E4</b>
City Omaha	State NE	Zip Code 68197-0003
Purpose of Disbursement Non-Contribution Account - Credit card payment		Amount of Each Disbursement this Period 1014.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. The London West Hollywood</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1020 N San Vicente Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : B333575C3C</b>
City West Hollywood	State CA	Zip Code 90069-3802
Purpose of Disbursement Non-contribution account - Events		Amount of Each Disbursement this Period 11576.25
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27590.25
<b>TOTAL</b> 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 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 2024**

**A. Creator and Company**

Full Name (Last, First, Middle Initial)

Mailing Address 41 Venetian Way, #3305

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement VOID to report as IE - Non-Contribution Account - Video production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2023  Primary  General  Other (specify) Other

State: District:

Date of Disbursement 01 / 22 / 2024

FEC Identification Number C

Transaction ID : BBE4FA1E8C

Amount of Each Disbursement this Period - 50000.00

Memo Item

**B. Allied Data**

Full Name (Last, First, Middle Initial)

Mailing Address 8731 Creekside Way Apt 212

City Highlands Ranch State CO Zip Code 80129-1565

Purpose of Disbursement Non-contribution account - Ballot Access

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) Other

State: District:

Date of Disbursement 01 / 19 / 2024

FEC Identification Number C

Transaction ID : B1D76C6F31

Amount of Each Disbursement this Period 100000.00

Memo Item

**C. The London West Hollywood**

Full Name (Last, First, Middle Initial)

Mailing Address 1020 N San Vicente Blvd

City West Hollywood State CA Zip Code 90069-3802

Purpose of Disbursement Non-contribution account - Events

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) Other

State: District:

Date of Disbursement 01 / 30 / 2024

FEC Identification Number C

Transaction ID : B5A9CEFE61

Amount of Each Disbursement this Period 46397.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 96397.47

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Silent Partner, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 130 Lucky Penny Ln		FEC Identification Number C <b>Transaction ID : B8012A45A4</b> Amount of Each Disbursement this Period 6000.00
City Spartanburg	State SC	
Zip Code 29302-1217	Purpose of Disbursement Non-contribution account - Public Relations	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The London West Hollywood</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1020 N San Vicente Blvd		FEC Identification Number C <b>Transaction ID : B7EF9C4ACE</b> Amount of Each Disbursement this Period 3858.75
City West Hollywood	State CA	
Zip Code 90069-3802	Purpose of Disbursement Non-contribution account - Events	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Route 20 Productions, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 4099 Jacobs Ladder Rd		FEC Identification Number C <b>Transaction ID : BB9714A96E</b> Amount of Each Disbursement this Period 4000.00
City Becket	State MA	
Zip Code 01223-4098	Purpose of Disbursement Non-contribution account - Marketing Team	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13858.75
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2024
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C <b>Transaction ID : BBF522F2571</b> Amount of Each Disbursement this Period 1230.44
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Non-contribution account - Software & apps	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Free and Equal Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024
Mailing Address 1241 Knollwood Dr		FEC Identification Number C <b>Transaction ID : BD0E17CA61</b> Amount of Each Disbursement this Period 115200.00
City Cambria	State CA	
Zip Code 93428-3322	Purpose of Disbursement Non-contribution account - Fundraising	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kuleana Works Productions, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 111A Hekili St # 460		FEC Identification Number C <b>Transaction ID : BBFAF5EF1</b> Amount of Each Disbursement this Period 4000.00
City Kailua	State HI	
Zip Code 96734-2804	Purpose of Disbursement Non-Contribution Account - Communications consulting	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

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

120430.44

**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 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 2024**

**A. Allesig Group LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 24 Fitzrandolph St

City Green Brook State NJ Zip Code 08812-2427

Purpose of Disbursement  
Non-Contribution Account - Hats, Bumper stickers and car flags

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 30 / 2024

FEC Identification Number: C  
Transaction ID : **BB71E70E4F**  
Amount of Each Disbursement this Period: 5637.19

Memo Item

**B. Allesig Group LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 24 Fitzrandolph St

City Green Brook State NJ Zip Code 08812-2427

Purpose of Disbursement  
Non-Contribution Account - Hats, Bumper stickers and car flags

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 30 / 2024

FEC Identification Number: C  
Transaction ID : **B49D74A2AE**  
Amount of Each Disbursement this Period: 5637.20

Memo Item

**C. Ballot Access Marketing, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3590 Yadkinville Rd

City Winston Salem State NC Zip Code 27106-2500

Purpose of Disbursement  
Non-contribution account - Ballot Access

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement: 01 / 19 / 2024

FEC Identification Number: C  
Transaction ID : **BA8B5FC67f**  
Amount of Each Disbursement this Period: 60000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 71274.39

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Mark's Garden</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2024
Mailing Address 13838 Ventura Blvd		FEC Identification Number <b>C</b> Transaction ID : <b>B02C99E59D</b> Amount of Each Disbursement this Period 7911.38
City Sherman Oaks	State CA	
Zip Code 91423-3629	Purpose of Disbursement Non-contribution account - Events	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jerry Stifelman, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2024
Mailing Address 587 Old Farrington Rd		FEC Identification Number <b>C</b> Transaction ID : <b>BC83337F9DI</b> Amount of Each Disbursement this Period 20000.00
City Chapel Hill	State NC	
Zip Code 27517-8724	Purpose of Disbursement Non-contribution account - Marketing	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Versatile Productions, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2024
Mailing Address 12644 Highway 82		FEC Identification Number <b>C</b> Transaction ID : <b>BA5D0B2AC</b> Amount of Each Disbursement this Period 701.00
City Carbondale	State CO	
Zip Code 81623-9542	Purpose of Disbursement Non-Contribution Account - Video Production	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

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

28612.38

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Faust, Justin, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 10502 Jim Lovell Ln		FEC Identification Number <b>C</b> Transaction ID : <b>B407A1DE0B</b> Amount of Each Disbursement this Period 231.95
City Lanham	State MD	
Zip Code 20706-2592	Purpose of Disbursement Noncontribution account - Reimbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 475 L'Enfant Plaza, S.W.		FEC Identification Number <b>C</b> Transaction ID : <b>BF0768F5BC!</b> Amount of Each Disbursement this Period 231.95
City Washington	State DC	
Zip Code 20260-0001	Purpose of Disbursement Noncontrib acct reimbursement memo, see payment on 1/30/2024 to Justin	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number <b>C</b> Transaction ID : <b>B3B7FE3DA!</b> Amount of Each Disbursement this Period 92.77
City San Francisco	State CA	
Zip Code 94103-1355	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	231.95
<b>TOTAL</b> 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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: B&H Photo. Includes fields for Full Name, Mailing Address (420 9th Avenue), City (New York), State (NY), Zip Code (10001-1603), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (1338.74).

Form B: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (1.00).

Form C: Amtrak. Includes fields for Full Name, Mailing Address (525 W Van Buren St, #200 Ste 200), City (Chicago), State (IL), Zip Code (60607-3859), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (396.00).

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C [REDACTED] <b>Transaction ID : B0EC0BA133</b> Amount of Each Disbursement this Period [REDACTED] 166.88
City Seattle	State WA	Zip Code 98109-5210
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: _____	District: _____	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B551813A443</b> Amount of Each Disbursement this Period [REDACTED] 58.94
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: _____	District: _____	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Blue Ribbon Sushi Izakaya</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2024
Mailing Address 187 Orchard St		FEC Identification Number C [REDACTED] <b>Transaction ID : B51F460023:</b> Amount of Each Disbursement this Period [REDACTED] 336.63
City New York	State NY	Zip Code 10002-1417
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: _____	District: _____	<input checked="" type="checkbox"/> Memo Item

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

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

[REDACTED]	0.00
[REDACTED]	

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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Date of Disbursement: 01/23/2024. FEC Identification Number: C. Transaction ID: B7AFBD1483. Amount: 30.07. Memo Item checked.

Form B: Uber. Date of Disbursement: 01/22/2024. FEC Identification Number: C. Transaction ID: B588DA22F5. Amount: 1.00. Memo Item checked.

Form C: Uber. Date of Disbursement: 01/26/2024. FEC Identification Number: C. Transaction ID: B9DB328950. Amount: 8.49. Memo Item checked.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Amazon. Includes fields for Full Name, Mailing Address (410 Terry Ave N), City (Seattle), State (WA), Zip Code (98109-5210), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (97.88).

Form B: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (114.24).

Form C: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (34.70).

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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 2024

Form A: Amtrak. Includes fields for Full Name, Mailing Address (525 W Van Buren St, #200 Ste 200, Chicago, IL 60607-3859), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/25/2024). Transaction ID: BE6D118078I. Amount: 679.00. Memo Item checked.

Form B: Cision US Inc. Includes fields for Full Name, Mailing Address (130 E Randolph St 7th Floor, FI 7, Chicago, IL 60601-6164), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/03/2024). Transaction ID: BBA85E52CA. Amount: 1885.00. Memo Item checked.

Form C: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400, San Francisco, CA 94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/24/2024). Transaction ID: B40076449C. Amount: 35.99. Memo Item checked.

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

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

Summary boxes showing amounts: 0.00 and a blank box.

# 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 2024**

A. <b>Delta</b>		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1030 Delta Blvd		01 / 11 / 2024	
City Atlanta	State GA	Zip Code 30354-1989	
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		FEC Identification Number C	
Candidate Name		Transaction ID : B61DC09B60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period	
Disbursement For: 2024		558.10	
State: District:		<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼		Other	

B. <b>Allianz</b>		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 444 South Flower 13th Floor FI 13		01 / 25 / 2024	
City Los Angeles	State CA	Zip Code 90071-2914	
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		FEC Identification Number C	
Candidate Name		Transaction ID : B1F313A8D91	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period	
Disbursement For: 2024		28.86	
State: District:		<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼		Other	

C. <b>Delta</b>		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1030 Delta Blvd		01 / 11 / 2024	
City Atlanta	State GA	Zip Code 30354-1989	
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		FEC Identification Number C	
Candidate Name		Transaction ID : BF46AF7020	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period	
Disbursement For: 2024		2598.20	
State: District:		<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input checked="" type="checkbox"/> Other (specify) ▼		Other	

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

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

0.00

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Includes fields for Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Transaction ID (B9C365618A).

Form B: Miir Holdings, LLC. Includes fields for Mailing Address (4000 156th St. NE Suite 100), City (Marysville), State (WA), Zip Code (98271-4894), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Transaction ID (B972B0D6337).

Form C: Founding Farmers Nova LLC. Includes fields for Mailing Address (1800 Tysons Blvd. Ste 70), City (McLean), State (VA), Zip Code (22102-4267), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Transaction ID (B0EB0B3FB1).

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Founding Farmers Nova LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 1800 Tysons Blvd. Ste 70		FEC Identification Number C <b>Transaction ID : B155F9A2FC</b> Amount of Each Disbursement this Period 1295.31
City McLean	State VA	
Zip Code 22102-4267	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 1295.31
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Graham Georgetown</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 1075 Thomas Jefferson St NW		FEC Identification Number C <b>Transaction ID : B0F054E03B7</b> Amount of Each Disbursement this Period 300.31
City Washington	State DC	
Zip Code 20007-5248	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 300.31
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Printful</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024
Mailing Address 11025 Westlake Dr		FEC Identification Number C <b>Transaction ID : BF846C2F2D</b> Amount of Each Disbursement this Period 1654.37
City Charlotte	State NC	
Zip Code 28273-3782	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 1654.37
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

0.00

**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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (36.09).

Form B: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (85.00).

Form C: Matsumoto. Includes fields for Full Name, Mailing Address (8385 Beverly Blvd), City (Los Angeles), State (CA), Zip Code (90048-2633), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (560.45).

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Box 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Amazon. Includes fields for Full Name, Mailing Address (410 Terry Ave N), City (Seattle), State (WA), Zip Code (98109-5210), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/18/2024). Transaction ID: B0E3047D2F. Amount: 272.19. Memo Item checked.

Form B: Amazon. Includes fields for Full Name, Mailing Address (410 Terry Ave N), City (Seattle), State (WA), Zip Code (98109-5210), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/23/2024). Transaction ID: BD16A21098. Amount: 271.94. Memo Item checked.

Form C: Summers Group LLC. Includes fields for Full Name, Mailing Address (54 E Rodell Pl.), City (Arcadia), State (CA), Zip Code (91006-5146), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/30/2024). Transaction ID: BD2FB72D0f. Amount: 600.00. Memo Item checked.

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. The London West Hollywood</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 1020 N San Vicente Blvd		FEC Identification Number C <b>Transaction ID : B95BF0CB03</b> Amount of Each Disbursement this Period 75.95
City West Hollywood	State CA	
Zip Code 90069-3802	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 75.95
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C <b>Transaction ID : BDA86565247</b> Amount of Each Disbursement this Period 27.55
City Seattle	State WA	
Zip Code 98109-5210	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 27.55
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alberto Alejandro Marriaga</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 2646 South Corning St. Apt 6		FEC Identification Number C <b>Transaction ID : B304C7E088</b> Amount of Each Disbursement this Period 2000.00
City Los Angeles	State CA	
Zip Code 90034-2153	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/24/2024). Transaction ID: BB2251F049. Amount: 3.41. Memo Item checked.

Form B: Ben Droz. Includes fields for Full Name, Mailing Address (57 N Street NW #222), City (Washington), State (DC), Zip Code (20001-3597), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/29/2024). Transaction ID: B4F38DDC21. Amount: 1200.00. Memo Item checked.

Form C: Canva. Includes fields for Full Name, Mailing Address (75 East Santa Clara Street), City (San Jose), State (CA), Zip Code (95113-1823), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/29/2024). Transaction ID: BFB32871E4. Amount: 177.00. Memo Item checked.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Georgia Secretary of State. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: B&H Photo. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: Amazon. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : BF25D00295f</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 36.97
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. B&amp;H Photo</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 420 9th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : B0B821609Eg</b>
City New York	State NY	Zip Code 10001-1603
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 1226.80
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : BF9A1A8B4j</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 16.52
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED]

**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 2024**

Full Name (Last, First, Middle Initial) <b>A. Allied Event Services</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address P.O. Box 801		FEC Identification Number C <b>Transaction ID : BE7FBCCF7C</b> Amount of Each Disbursement this Period 964.39
City Sterling	State VA	
Zip Code 20167-0801		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C <b>Transaction ID : B23C58B1F7I</b> Amount of Each Disbursement this Period 19.66
City San Francisco	State CA	
Zip Code 94103-1355		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Allied Event Services</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address P.O. Box 801		FEC Identification Number C <b>Transaction ID : B8FC4B185E</b> Amount of Each Disbursement this Period 400.00
City Sterling	State VA	
Zip Code 20167-0801		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Allesig Group LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: Uber. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: Delta. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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

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 2024**

Full Name (Last, First, Middle Initial) <b>A. DC Private Cars</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 1629 K St. NW#315		FEC Identification Number C [ ] <b>Transaction ID : BA32661B7A</b>
City Washington	State DC	Zip Code 20006-1602
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 169.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [ ] <b>Transaction ID : BE6AC39034</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 24.13
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Founding Farmers Nova LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address 1800 Tysons Blvd. Ste 70		FEC Identification Number C [ ] <b>Transaction ID : B0486CD713</b>
City McLean	State VA	Zip Code 22102-4267
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 2590.61
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

[ ] 0.00
[ ]



# 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Allianz</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2024
Mailing Address 444 South Flower 13th Floor FI 13		FEC Identification Number C [REDACTED] <b>Transaction ID : BB145F6D8D</b>
City Los Angeles	State CA	Zip Code 90071-2914
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 30.70
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B31D8BD2FC</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 47.61
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C [REDACTED] <b>Transaction ID : B12268056A</b>
City Seattle	State WA	Zip Code 98109-5210
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 112.59
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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 2024**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C [REDACTED] <b>Transaction ID : BD31EEB64E</b>
City Seattle	State WA	Zip Code 98109-5210
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 110.22
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B4B3572BE7I</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 40.80
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Cake and Art</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 8709 Santa Monica Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : B37AC66998</b>
City Los Angeles	State CA	Zip Code 90069-4507
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 413.50
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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 2024**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 475 L'Enfant Plaza, S.W.		FEC Identification Number C [ ] <b>Transaction ID : B56DB92A77</b>
City Washington	State DC	Zip Code 20260-0001
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 20.80
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [ ] <b>Transaction ID : B72B53CC6A</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 28.75
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [ ] <b>Transaction ID : B89EAB27F6</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [ ] 10.97
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

0.00

**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 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 2024**

A. <b>Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024	
Full Name (Last, First, Middle Initial)		FEC Identification Number C [ ] <b>Transaction ID : B47BDDFE90</b>	
Mailing Address 1455 Market St #400 Ste 400		Amount of Each Disbursement this Period [ ] 0.49	
City San Francisco	State CA	Zip Code 94103-1355	Category/Type [ ]
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

B. <b>Delta</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024	
Full Name (Last, First, Middle Initial)		FEC Identification Number C [ ] <b>Transaction ID : BE02EF8F76C</b>	
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period [ ] 298.20	
City Atlanta	State GA	Zip Code 30354-1989	Category/Type [ ]
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

C. <b>Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024	
Full Name (Last, First, Middle Initial)		FEC Identification Number C [ ] <b>Transaction ID : B445E9A840</b>	
Mailing Address 1455 Market St #400 Ste 400		Amount of Each Disbursement this Period [ ] 5.00	
City San Francisco	State CA	Zip Code 94103-1355	Category/Type [ ]
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

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

[ ] 0.00
[ ]

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)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/23/2024). Transaction ID: B0BE4A6216. Amount: 39.91. Memo Item checked.

Form B: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/22/2024). Transaction ID: B3E4047D996. Amount: 13.97. Memo Item checked.

Form C: Amazon. Includes fields for Full Name, Mailing Address (410 Terry Ave N), City (Seattle), State (WA), Zip Code (98109-5210), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Date of Disbursement (01/17/2024). Transaction ID: BAA4284947. Amount: 173.73. Memo Item checked.

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : BDD7D345D2</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 27.18
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Brooklyn Chop House - Times Square</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 253 West 47th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : B041FC86856</b>
City New York	State NY	Zip Code 10036-1412
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 273.23
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Sam Golden Transport</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 621 Avenue Z		FEC Identification Number C [REDACTED] <b>Transaction ID : B70FA6C3A7</b>
City Brooklyn	State NY	Zip Code 11223-6348
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 101.58
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

0.00

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. DC Private Cars</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 1629 K St. NW#315		FEC Identification Number <b>C</b> <b>Transaction ID : BC823529F4i</b> Amount of Each Disbursement this Period 1142.70
City Washington	State DC	
Zip Code 20006-1602	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 1142.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : BCDB4576FE</b> Amount of Each Disbursement this Period 21.91
City San Francisco	State CA	
Zip Code 94103-1355	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 21.91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : B6238FC7DL</b> Amount of Each Disbursement this Period 26.42
City San Francisco	State CA	
Zip Code 94103-1355	Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO	Amount of Each Disbursement this Period 26.42
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

0.00

**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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. B&amp;H Photo</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address 420 9th Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : B98A225E45I</b> Amount of Each Disbursement this Period [REDACTED] 456.86
City New York	State NY	Zip Code 10001-1603
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. The London West Hollywood</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1020 N San Vicente Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : BCD79FDF57</b> Amount of Each Disbursement this Period [REDACTED] 23152.50
City West Hollywood	State CA	Zip Code 90069-3802
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 1 Skyview Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : B3BC7031AE</b> Amount of Each Disbursement this Period [REDACTED] 3118.20
City Fort Worth	State TX	Zip Code 76155-1801
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: B&H Photo. Includes fields for Full Name, Mailing Address (420 9th Avenue), City (New York), State (NY), Zip Code (10001-1603), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (1321.62).

Form B: Everything Entertainment, LLC. Includes fields for Full Name, Mailing Address (17912 Ashton Club Way), City (Ashton), State (MD), Zip Code (20861-9700), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (226.00).

Form C: Sam Golden Transport. Includes fields for Full Name, Mailing Address (621 Avenue Z), City (Brooklyn), State (NY), Zip Code (11223-6348), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (74.87).

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (15.20).

Form B: Uber. Includes fields for Full Name, Mailing Address (1455 Market St #400 Ste 400), City (San Francisco), State (CA), Zip Code (94103-1355), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (3.59).

Form C: Allianz. Includes fields for Full Name, Mailing Address (444 South Flower 13th Floor FI 13), City (Los Angeles), State (CA), Zip Code (90071-2914), Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (27.00).

SUBTOTAL of Disbursements This Page (optional) 0.00
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Slack</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024
Mailing Address 500 Howard St.		FEC Identification Number C <b>Transaction ID : BCEC63F658</b> Amount of Each Disbursement this Period 403.20
City San Francisco	State CA	
Zip Code 94105-3002		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C <b>Transaction ID : B342E6A6155</b> Amount of Each Disbursement this Period 28.28
City Seattle	State WA	
Zip Code 98109-5210		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Allianz</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address 444 South Flower 13th Floor FI 13		FEC Identification Number C <b>Transaction ID : B97635822B</b> Amount of Each Disbursement this Period 27.00
City Los Angeles	State CA	
Zip Code 90071-2914		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B1C04756CA</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 41.95
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. AdoptoTech, d.o.o</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024
Mailing Address Ulica Ljudevita Posavskog 34A		FEC Identification Number C [REDACTED] <b>Transaction ID : B4D30FCD4D</b>
City Zagreb, Croatia	State ZZ	Zip Code 00000
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 299.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Delta</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1030 Delta Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : BEBC719EC</b>
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 558.10
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

[REDACTED] 0.00
[REDACTED]

# 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Delta</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : BFB7B7E586</b> Amount of Each Disbursement this Period 871.20
City Atlanta	State GA	
Zip Code 30354-1989		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 410 Terry Ave N		FEC Identification Number C <b>Transaction ID : B1788878691</b> Amount of Each Disbursement this Period 27.87
City Seattle	State WA	
Zip Code 98109-5210		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C <b>Transaction ID : BC43D072E/</b> Amount of Each Disbursement this Period 61.20
City San Francisco	State CA	
Zip Code 94103-1355		Category/ Type
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B61B5DEC4C</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 4.02
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Allianz</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2024
Mailing Address 444 South Flower 13th Floor FI 13		FEC Identification Number C [REDACTED] <b>Transaction ID : B705FF9788A</b>
City Los Angeles	State CA	Zip Code 90071-2914
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 202.68
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : B219334C39I</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontribution account credit card, see associated payments/debt to FNBO		Amount of Each Disbursement this Period [REDACTED] 29.82
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		<input checked="" type="checkbox"/> Memo Item

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

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

[REDACTED]	0.00
[REDACTED]	

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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
American Values 2024

Form A: Probosz, Solomon, , , . Includes fields for Full Name, Mailing Address (6420 29th St W), City (Saint Louis Park), State (MN), Zip Code (55426-6000), Purpose of Disbursement (Noncontribution account - Reimbursement), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (1387.40).

Form B: American Airlines. Includes fields for Full Name, Mailing Address (1 Skyview Dr), City (Fort Worth), State (TX), Zip Code (76155-1801), Purpose of Disbursement (Noncontrib acct reimbursement memo), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (831.20).

Form C: Delta. Includes fields for Full Name, Mailing Address (1030 Delta Blvd), City (Atlanta), State (GA), Zip Code (30354-1989), Purpose of Disbursement (Noncontrib acct reimbursement memo), Candidate Name, Office Sought, Disbursement For (2024), and Amount of Each Disbursement (556.20).

SUBTOTAL of Disbursements This Page (optional) 1387.40
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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Talbot, David, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2024
Mailing Address 326 Montcalm St		FEC Identification Number <b>C</b> <b>Transaction ID : B719A3A028</b> Amount of Each Disbursement this Period 327.35
City San Francisco	State CA	
Zip Code 94110-5219	Purpose of Disbursement Noncontribution account - Reimbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : BE2E32766C</b> Amount of Each Disbursement this Period 125.34
City San Francisco	State CA	
Zip Code 94103-1355	Purpose of Disbursement Noncontrib acct reimbursement memo, see payment on 1/31/2024 to David	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : BA47E4B636</b> Amount of Each Disbursement this Period 118.07
City San Francisco	State CA	
Zip Code 94103-1355	Purpose of Disbursement Noncontrib acct reimbursement memo, see payment on 1/31/2024 to David	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	327.35
<b>TOTAL</b> 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 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 2024**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2024
Mailing Address 1455 Market St #400 Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : BCDCCCA32</b>
City San Francisco	State CA	Zip Code 94103-1355
Purpose of Disbursement Noncontrib acct reimbursement memo, see payment on 1/31/2024 to David		Amount of Each Disbursement this Period [REDACTED] 83.94
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Goldfarb, Deirdre, Lyman, ,</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2024
Mailing Address 330 S Spalding Dr Apt 105		FEC Identification Number C [REDACTED] <b>Transaction ID : B59C5EA177</b>
City Beverly Hills	State CA	Zip Code 90212-3612
Purpose of Disbursement Noncontribution account - Reimbursement		Amount of Each Disbursement this Period [REDACTED] 618.64
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. McDonald, Candace, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2024
Mailing Address 2786 E 4430 S Fl 6		FEC Identification Number C [REDACTED] <b>Transaction ID : BCFDFF2674</b>
City Salt Lake City	State UT	Zip Code 84124-3764
Purpose of Disbursement Noncontribution account - Expense reimbursement		Amount of Each Disbursement this Period [REDACTED] 825.61
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 1444.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[REDACTED] 1191519.97

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 105
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**American Values 2024**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>First National Bank of Omaha</b>			Nature of Debt (Purpose): Credit card balance
Mailing Address 1620 Dodge St			
City Omaha	State NE	Zip Code 68197-0003	

Outstanding Balance Beginning This Period 93896.68		Transaction ID : D0A26295787D9479B8F4	
Amount Incurred This Period 0.00	Payment This Period 93896.68	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee Kennedy, Robert, F., JR
Mailing Address 41 Venetian Way, #3305
City Miami Beach State FL Zip Code 33139
Purpose of Expenditure Non-Contribution Account - Video Production; Multistate IE, disseminated nationwide, first in: NH
Category/Type
Date of Public Distribution/Dissemination 01/22/2024
Amount 100000.00
Transaction ID : E439E38FAF7524661B36
Date of Disbursement or Obligation 01/08/2024
Name of Federal Candidate: Kennedy, Robert, F., JR Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 150000.00

Full Name of Payee Kennedy, Robert, F., JR
Mailing Address 41 Venetian Way, #3305
City Miami Beach State FL Zip Code 33139
Purpose of Expenditure Non-Contribution Account - Multistate IE, publicly disseminated nationwide, first in the following s
Category/Type
Date of Public Distribution/Dissemination 01/22/2024
Amount 50000.00
Transaction ID : E9E976F1E04224226A69
Date of Disbursement or Obligation 12/01/2023
Name of Federal Candidate: Kennedy, Robert, F., JR Support
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 150000.00

(a) SUBTOTAL of Itemized Independent Expenditures 150000.00
(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.

Lyons, Tony, , ,
Signature

Date 02/20/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee: Allesig Group LLC
Mailing Address: 24 Fitzrandolph St
City: Green Brook, State: NJ, Zip Code: 08812-2427
Purpose of Expenditure: Non-Contribution Account - Table covers
Amount: 1335.65
Transaction ID: EB12A898C4AD34334B0E
Date of Disbursement or Obligation: 01/31/2024
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

Full Name of Payee: Allesig Group LLC
Mailing Address: 24 Fitzrandolph St
City: Green Brook, State: NJ, Zip Code: 08812-2427
Purpose of Expenditure: Non-Contribution Account - Name cards
Amount: 311.35
Transaction ID: E37CF6EE2D8474E4FAF7
Date of Disbursement or Obligation: 02/05/2024
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1647.00
(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.

Lyons, Tony, , ,
Signature

Date 02/20/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee U-Printing Memo Item Date of Public Distribution/Dissemination 01/22/2024
Mailing Address 10930 Santa Monica Blvd Amount 1654.37
City Los Angeles State CA Zip Code 90025-4539 Transaction ID : E6A25FB900A764BD78C2
Purpose of Expenditure Non-Contribution Account - Printing Category/Type Date of Disbursement or Obligation 01/22/2024
Name of Federal Candidate: Kennedy, Robert, F, , JR Support Oppose Office Sought: House District: 00 President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 0.00 Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee U-Printing Memo Item Date of Public Distribution/Dissemination 01/22/2024
Mailing Address 10930 Santa Monica Blvd Amount 165.26
City Los Angeles State CA Zip Code 90025-4539 Transaction ID : E25E49EA7BA8E4D628FE
Purpose of Expenditure Non-Contribution Account - Printing, paid with credit card Category/Type Date of Disbursement or Obligation 01/16/2023
Name of Federal Candidate: Kennedy, Robert, F, , JR Support Oppose Office Sought: House District: 00 President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 0.00 Disbursement For: Primary General 2024 Other (specify)

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

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Lyons, Tony, , ,
Signature

Date 02/20/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee JoAnn Fabric
Mailing Address 160 Fairview Avenue
City Hudson State NY Zip Code 12534-1206
Purpose of Expenditure Non-Contribution Account - Printing, paid with credit card
Name of Federal Candidate: Kennedy, Robert, F, , JR
Calendar Year-To-Date Per Election for Office Sought 0.00

Full Name of Payee Allesig Group LLC
Mailing Address 24 Fitzrandolph St
City Green Brook State NJ Zip Code 08812-2427
Purpose of Expenditure Non-Contribution Account - Printing
Name of Federal Candidate: Kennedy, Robert, F, , JR
Calendar Year-To-Date Per Election for Office Sought 0.00

(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.

Lyons, Tony, , ,
Signature

Date 02 / 20 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee Branson Screen Printing
Mailing Address 1691 S Business Highway 65
City Hollister State MO Zip Code 65672-6342
Purpose of Expenditure Non-Contribution Account - Printing, paid with credit card
Name of Federal Candidate: Kennedy, Robert, F., JR
Calendar Year-To-Date Per Election for Office Sought 0.00

Full Name of Payee Skyhorse Publishing, Inc.
Mailing Address 307 W 36th St FI 1111
City New York State NY Zip Code 10018-6403
Purpose of Expenditure Non-Contribution Account - Books
Name of Federal Candidate: Kennedy, Robert, F., JR
Calendar Year-To-Date Per Election for Office Sought 0.00

(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.

Lyons, Tony, , ,
Signature

Date 02 / 20 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee: Etsy
Mailing Address: 117 Adams St
City: Brooklyn, State: NY, Zip Code: 11201-1401
Purpose of Expenditure: Non-Contribution Account credit card - Printing, paid with credit card
Date of Public Distribution/Dissemination: 01/22/2024
Amount: 1736.44
Transaction ID: E2EF15468022C4BA0A51
Date of Disbursement or Obligation: 01/15/2024
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
State: CA
Disbursement For: [X] Primary

Full Name of Payee: Allesig Group LLC
Mailing Address: 24 Fitzrandolph St
City: Green Brook, State: NJ, Zip Code: 08812-2427
Purpose of Expenditure: Non-Contribution Account credit card - Merchandise
Date of Public Distribution/Dissemination: 01/23/2024
Amount: 1505.84
Transaction ID: E16D3BE05D2824738B02
Date of Disbursement or Obligation: 01/09/2024
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
State: NY
Disbursement For: [X] General

(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.

Lyons, Tony, , ,
Signature

Date 02/20/2024



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Values 2024
FEC IDENTIFICATION NUMBER C C00821439

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

Full Name of Payee: Allesig Group LLC
Mailing Address: 24 Fitzrandolph St
City: Green Brook, State: NJ, Zip Code: 08812-2427
Purpose of Expenditure: Non-Contribution Account credit card - Merchandise
Category/Type:
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
Disbursement For: [X] General
Amount: 240.00
Transaction ID: E13D083EFD2604E08B45

Full Name of Payee: Allesig Group LLC
Mailing Address: 24 Fitzrandolph St
City: Green Brook, State: NJ, Zip Code: 08812-2427
Purpose of Expenditure: Non-Contribution Account - Hats, Bumper stickers and car flags, paid with credit card
Category/Type:
Name of Federal Candidate: Kennedy, Robert, F., JR
Support: [X]
Office Sought: [X] President
Disbursement For: [X] Other (specify)
Amount: 345.00
Transaction ID: E5027FAABCB5349898C6

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 151647.00

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.

Lyons, Tony, , ,
Signature

Date 02 / 20 / 2024