

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICA'S FUTURE FIRST		FEC IDENTIFICATION NUMBER ▼ C C00748061																									
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Roland Offset Service RP			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>06</td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>29</td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	06			D	D	D	29			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
06																													
D	D	D																											
29																													
Y	Y	Y	Y	Y	Y																								
2020																													
Mailing Address PO Box 94			Amount 1501.24																										
City Edgewater	State NJ	Zip Code 07020	Transaction ID : WFT20205121637-1																										
Purpose of Expenditure Digital Advertising		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>06</td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>29</td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2020</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M	06			D	D	D	29			Y	Y	Y	Y	Y	Y	2020					
M	M	M																											
06																													
D	D	D																											
29																													
Y	Y	Y	Y	Y	Y																								
2020																													
Name of Federal Candidate Kennedy, Amy, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NJ																										
Calendar Year-To-Date Per Election for Office Sought		53320.60	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶																										

Full Name of Payee			Date of Public Distribution/Dissemination																										
Mailing Address			Amount																										
City	State	Zip Code	Date of Disbursement or Obligation																										
Purpose of Expenditure		Category/Type	<table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																											
D	D	D																											
Y	Y	Y	Y	Y	Y																								
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶																										

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1501.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	1501.24

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.

May, Jennifer, , ,

[Electronically Filed]

Date

M	M	M
06		

D	D	D
30		

Y	Y	Y	Y	Y	Y
2020					

Signature