

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 <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gateway Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020		
Mailing Address 5 Sicomac Rd Suite 191			Amount 3499.41		
City North Haledon	State NJ	Zip Code 07508	Transaction ID : WFT20208282010-1		
Purpose of Expenditure Online Advertisements		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2020		
Name of Federal Candidate Kennedy, Amy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 02 State: NJ
Calendar Year-To-Date Per Election for Office Sought		126520.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Gateway Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020		
Mailing Address 5 Sicomac Rd Suite 191			Amount 1226.68		
City North Haledon	State NJ	Zip Code 07508	Transaction ID : WFT20208282011-1		
Purpose of Expenditure Online Advertisements		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2020		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		20319.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4726.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4726.09

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

MM / DD / YYYY
11 / 01 / 2020

Signature