PAGE 1 / 28

Image# 202010159294480493

**FEC** FORM 3X

#### **REPORT OF RECEIPTS** AND DISBURSEMENTS

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
America's Future First			
ADDRESS (number and street)	PO Box 15320		
Check if different			
than previously reported. (ACC)	Washington		DC 20003 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00748061		IS THIS NEW (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 (	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (N	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (C	23)	M = M / D = D	/ Y Y Y Y in the
Year-End Report (	(E) Electi	on on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	on on	in the State of
5. Covering Period 07	7 01 2020	through 09	M / D D / Y Y Y Y Y 30 2020
I certify that I have examined the	nis Report and to the best o	f my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	May, Jennifer, , ,		
Signature of Treasurer May,	Jennifer, , ,	[Electronically Filed]	Date 10 15 / Y 2020
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name America's Future First 07 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2020 (b) Cash on Hand at 26444.16 Beginning of Reporting Period..... 84950.00 177950.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 177950.00 111394.16 6(a) and 6(c) for Column B)..... 68684.05 135239.89 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 42710.11 42710.11 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

**DETAILED SUMMARY PAGE** of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name America's Future First 07 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 84950.00 177950.00 (i) Itemized (use Schedule A)..... (ii) Unitemized ..... 0.00 0.00 (iii) TOTAL (add 177950.00 84950.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 177950.00 84950.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3).....

(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))▶	84950.00	177950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	84950.00	177950.00
I		ı

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from School 144)		Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(i) i ederal Share	45 45 1 45 1	1 1 1 1 1 1 1 1		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	3838.51	8018.51		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	3838.51	8018.51		
. Transfers to Affiliated/Other Party	4 4			
Committees  Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	21708.54	76530.38		
. Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4	7 0000.00		
(use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	4 4	4 1 4 1 4		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))				
(aud Lines Zo(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including		50004.00		
Non-Federal Donations)	43137.00	50691.00		
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	7 7 7	4 4		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68684.05	135239.89		
Total Federal Disbursements	7 7 7 7			
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	68684.05	135239.89		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	84950.00	177950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84950.00	177950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3838.51	8018.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	3838.51	8018.51

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

Use separate schedule(s) for each category of the

		0				PAGE	6	OF	28
(0	che	ck only	or	ie)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page 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) America's Future First Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Enright, Dennis, , , Date of Receipt Mailing Address 136 Terrace Ave 2020 08 City Zip Code State Transaction ID: SA11AI.4148 NJ Jersey City 07307 Amount of Each Receipt this Period FEC ID number of contributing C 7000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NW Financial Group** Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 7000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates Date of Receipt Mailing Address 25 Fairview Ave 09 2020 City State Zip Code Transaction ID: SA11AI.4159 NJ Verona 07044 Amount of Each Receipt this Period FEC ID number of contributing 5700.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 5700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates Date of Receipt Mailing Address 25 Fairview Ave 29 2020 City State Zip Code Transaction ID: SA11AI.4160 NJ Verona 07044 Amount of Each Receipt this Period FEC ID number of contributing C 9000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 14700.00 Other (specify) 21700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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# 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)

-(	JH	LINE	NU	MRFK	:	PAGE	-	1	OF	20
(check only one)										
	×	11a		11b		11c		12		
ΙΓ		13		14		15		16	;	17

	Statements may not be sold or used by any perse name and address of any political committee t						
NAME OF COMMITTEE (In Full) America's Future First							
Full Name of Individual (Last, First, Middle In Foundation Risk Partners, Corp. dba Fa		Date of Receipt					
Mailing Address 25 Fairview Ave		09 29 2020					
City Verona	State Zip Code NJ 07044	Transaction ID : SA11AI.4161					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  27950.00						
Full Name of Individual (Last, First, Middle In Garden State Forward  Mailing Address 180 W State St	itial) or Full Organization Name	Date of Receipt    Date of Receipt					
City Trenton	City State Zip Code						
FEC ID number of contributing federal political committee.	С	50000.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 130000.00						
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)		63250.00					
TOTAL This Period (last page this line number	only)	84950.00					

SCHEDULE B (FEC Form 3X)	llee	avoto oslassicis ( )	FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		] 00		
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 27 29 30b	
Any information copied from such Deports and State	monte mov	not be sold or us					
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
America's Future First							
/							
Full Name (Last, First, Middle Initial)				Data of D	isburseme	nt	
A. Genova Burns, LLC				Date of D			
Mailing Address 494 Broad St				07	08	2020	
City	State	Zip Code		FFC Ident	ification N	umbor	
Newark	NJ	07102		FEC IdeII	tification N	umber	
Purpose of Disbursement Legal Fees				C			
Candidate Name						: SB21B.4149	
Candidate Name			Category/	Amount o	f Each Dis	bursement this Period	
Office Sought: House Disburse	ement For:		Туре			1240.00	
Senate	Primary	General			7	4-	
President	Other (spe	cify) ▼		Memo	ltom		
State: District:	_			IVICITIO	, item		
Full Name (Last, First, Middle Initial)							
B. Genova Burns, LLC				Date of D	isburseme	nt	
Moiling Address 101 D 10				M M	/ D D	2020	
Mailing Address 494 Broad St				08	12	2020	
City	State	Zip Code		EEC Idon	tification N	umbor	
Newark	NJ	07102			illication iv	umber	
Purpose of Disbursement In-Kind: Legal Fees							
Candidate Name				Trans	action ID	SB21B.4213	
New Jersey Community Initiativ, ,			Category/ Type	Amount o	f Each Dis	bursement this Period	
	ement For:		Туре			21549.00	
Senate	Primary					4 1 4	
President	Other (spe	cify)		<b>X</b> Memo	ltom		
State: District:	_			Weilic	, item		
Full Name (Last, First, Middle Initial)							
C. Genova Burns, LLC				Date of D	isburseme	nt	
Mailing Address 494 Broad St				08	13	2020	
Mailing Addices 454 Bload St				00	10	2020	
City	State	Zip Code		FFC Ident	ification N	umher	
Newark	NJ	07102			anound 11		
Purpose of Disbursement Legal Fees							
Candidate Name						: SB21B.4162	
Canadato Hamo			Category/ Type	Amount of	r Each Dis	bursement this Period	
Office Sought: House Disburse	ement For:	I_	.76~		_	1950.00	
Senate	Primary	General				4- 4-	
President	Other (spe	Other (specify) ▼			Item		
State: District:				Ц			
						2400.00	
SUBTOTAL of Disbursements This Page (optional)			·····•		7	3190.00	
TOTAL This Period (last page this line number only	v)						
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SCHEDULE B (FEC Form 3X)	Lloo sees	wata ash = did=(=)	adula(a)   TOTT EITE TOTALETT.					9 (	)F 28	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	_ `	(check only one)    X   21b     22     23     26			e _	7 07		
		Summary Page	211		,	23 28c	29		27 30b	
Any information copied from such Reports and Statem	L nents may r	not be sold or use								ions
or for commercial purposes, other than using the nam	e and addr	ess of any politic	al committee	to solicit	contril	butions	from	such (	committ	ee.
NAME OF COMMITTEE (In Full)										
America's Future First										
Full Name (Last, First, Middle Initial)				Doto	of D	isburseı	mont			
A. Genova Burns, LLC					_				Y	V.
Mailing Address 494 Broad St				O:		11			2020	Ť
1	State	Zip Code		FEC	Ident	ification	n Num	ber		
Newark Purpose of Disbursement	NJ	07102								
Legal Fees				C						
Candidate Name			Category/	1		action	_		<b>4163</b> nt this F	Pariod
			Type	Allo	JIII 01	Lacii	Disbui	3011101	-	-
Office Sought: House Disburser				7 L.					592.5	0
	Primary	General								
State: District:	Other (spec	ony) ▼			Memo Item					
Full Name (Last, First, Middle Initial)										
В.				Date	of D	isburseı	ment			
				M	M /	D	D /	Υ	ΥΥ	Υ
Mailing Address						<u></u>	_	<u></u>		
City	State	Zip Code		FEC	Ident	ification	ı Num	ber		
Purpose of Disbursement				C						
Candidate Name				_						
Candidate Name			Category/ Type	Amo	unt of	Each	Disbur	seme	nt this F	Period
Office Sought: House Disbursem	nent For:		1,700	1 .						
Senate	Primary	General								
	Other (spec	ther (specify)				Memo Item				
State: District:										
Full Name (Last, First, Middle Initial)  C.				Date	of Di	isburseı	ment			
				M	M /	D	D /	Υ	Y	Υ
Mailing Address						_		L.		
City	State	Zip Code		FEC	Ident	ification	ı Num	ber		
Purpose of Disbursement					_		-	_		
. a.peco o. 2.034.00				C	_	-				
Candidate Name			Category/ Type	Amo	unt of	Each	Disbur	seme	nt this F	Period
Office Sought: House Disbursem	nent For:		7,5-5	<b>                                     </b>						
	Primary	General				7				
	Other (spec	cify) 🔻		r	vlemo	Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional)						-			592.	50
OSSISTAL OF BIODATOCHIOTICS THIS Fago (optional)					=	7	<del>=</del>	7	1 70	-
TOTAL This Period (last page this line number only).									3782.	50

SCHEDULE B (FEC Form 3X)	lles	water allowers ( )	FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)			06 07	
		Summary Page	21b 28a	22 28b	23 28c <b>x</b>	26 27 29 30b	
Any information copied from such Reports and Stater	nents may n	not be sold or use	ed by any pers	on for the pur		liciting contributions	
or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
America's Future First							
Full Name (Last, First, Middle Initial)				Date of D	a la a ·		
A. Genova Burns, LLC				Date of Di	sbursemen	/	
Mailing Address 494 Broad St			08	12	2020		
,	State	Zip Code		FEC Identi	fication Nu	mber	
Newark Purpose of Disbursement	NJ	07102					
In-Kind: Legal Fees				C	ection ID :	SB29.4215	
Candidate Name			Category/			ursement this Period	
New Jersey Community Initiativ, , , Office Sought: House Disburser			Туре			21549.00	
Senate Disburser	Primary	General			7	21343.00	
President State: District:	President Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. New Jersey's Future First				Date of Di	sbursemen	t	
				M = M /	D D	/ Y Y Y Y Y	
Mailing Address PO Box 15320				07	07	2020	
City :: Washington	State DC	Zip Code 20003		FEC Identi	fication Nu	mber	
Purpose of Disbursement		20003		C			
Donation					action ID :	SB29.4206	
Candidate Name			Category/			ursement this Period	
Office Sought: House Disburser	nent For: Primary General					8500.00	
Senate					,	4	
President	Other (spec	cify)		Memo	Item		
State: District:				<u> </u>	**		
Full Name (Last, First, Middle Initial)  C. Roland Offset Service, RP				Date of Di	sbursemen	t	
				M = M /	D   D	/	
Mailing Address PO Box 1000				09	30	2020	
,	State	Zip Code		FEC Identi	fication Nu	mber	
West New York Purpose of Disbursement	NJ	07093					
Direct Mail - Support West Orange Town Council	· · ·	C	anticu ID	SP20 4472			
Candidate Name		Category/			SB29.4173 ursement this Period		
Office Sought: House Disburser	ment For: 2	020	Туре			13088.00	
Senate Seaght.	Primary	<b>∡</b> General				7   4	
President	Other (spec			Memo Item			
State: District:				ш			
SUBTOTAL of Disbursements This Page (optional)						43137.00	
				-	7	7 1 7 1	
TOTAL This Period (last page this line number only)						43137.00	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 28				
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼				
America's Future First				C C00748061				
				G 000740001				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y				
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination				
Gateway Media, LLC				09 17 2020				
Mailing Address 5 Sicomac Rd				Amount				
#191	1	1						
City	State	Zip Code		399.99				
North Haledon	NJ	07508		Transaction ID : SE.4176 Date of Disbursement or Obligation				
Purpose of Expenditure Online Advertisements		Category/ Type		09 / D D / Y Y Y Y Y Y 17 17 2020				
Name of Federal Candidate:		<b>X</b> Support	Office	Sought:  House District: 02				
Kennedy, Amy, , ,		Oppose		President Senate State: NJ				
Calendar Year-To-Date		200.00		rsement For: Primary 🗶 General				
Per Election for Office Sought	7 7	399.99	2020	Other (specify) ▶				
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination				
Gateway Media, LLC				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 5 Sicomac Rd								
#191				Amount				
City	State	Zip Code		399.99				
North Haledon	NJ	07508		Transaction ID: SE.4190  Date of Disbursement or Obligation				
Purpose of Expenditure Online Advertisements		Category/		09 17 2020				
Offine Advertisements		Type		09 17 2020				
Name of Federal Candidate:		Support	Office	Sought: House District:00				
Trump, Donald, J., ,		<b>x</b> Oppose	x	President Senate State:				
Calendar Year-To-Date		399.99		sement For: Primary X General				
Per Election for Office Sought	7 7	000.00	2020	Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	799.98				
(h) CURTOTAL of Unitersity of Independent Funerality								
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •					
(c) TOTAL Independent Expenditures			. •					
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized							
May, Jennifer, , ,	[Electronically Fil	ledl -	M =	M / D D / Y Y Y Y				
Signature		_ Date	e 10	15 2020				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
America's Future First				FEC IDENTIFICATION NUMBER ▼
				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Gateway Media, LLC				09 18 2020
Mailing Address 5 Sicomac Rd				
#191			Arr	ount
City	State	Zip Code		399.99
North Haledon	NJ	07508		ansaction ID : SE.4177 te of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 18 / 2020
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: X House District: 02
Kennedy, Amy, , ,		Oppose		sident Senate State: NJ
Calendar Year-To-Date			Disbursen	nent For: Primary
Per Election for Office Sought	7 7	799.98	2020	Other (specify) ▶
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Gateway Media, LLC				09 18 2020
Mailing Address 5 Sicomac Rd				09 18 2020
#191			Am	ount
City	State	Zip Code		399.99
North Haledon	NJ	07508		ansaction ID : SE.4191 te of Disbursement or Obligation
Purpose of Expenditure Online Advertisements	1	Category/		M M / D D / Y Y Y Y
Offilite Advertisements		Type	_	09 18 2020
Name of Federal Candidate:		Support	Office So	ught: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	<b>X</b> Pre	sident Senate State:
Calendar Year-To-Date		799.98	Disbursen	nent For: Primary General
Per Election for Office Sought	7 7	700.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	799.98
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			, г	
(c) 10 112 maspendent Experiations				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
May, Jennifer, , ,	Electronically Fil	ed]	M = M	/ DD D / YD YD YD Y D D D / YD YD Y D D D / YD YD YD Y D D D / YD YD YD Y D D D D
Signature		Date	e 10	15 2020

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				
				C C00748061
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Gateway Media, LLC		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Galeway Media, LLC				09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Δm	ount
#191				Ount
City	State	Zip Code		399.99
North Haledon	NJ	07508		Insaction ID : SE.4178 te of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 19 / 2020
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ught: X House District: 02
Kennedy, Amy, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date		1199.97	Disbursen	nent For: Primary (X) General
Per Election for Office Sought	7 7	1100.07	2020	Other (specify) ▶
Full Name of Payee Gateway Media, LLC		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Galeway Media, LLC				09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Am	ount
#191				
City  North Haladan	State	Zip Code	L	399.99 ansaction ID : SE.4192
North Haledon	NJ	07508		te of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ught: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	X Pres	sident Senate State:
Calendar Year-To-Date		4400.07	Disbursem	nent For: Primary X General
Per Election for Office Sought	, , ,	1199.97	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	799.98
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• •	
(c) TOTAL Independent Expenditures				
, ,				7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y
Signature	omeany I'u	Date	e 10	15 2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 14 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Gateway Média, LLC				09
Mailing Address 5 Sicomac Rd			Amo	punt
#191 City	State	Zip Code		399.99
North Haledon	NJ	07508		nsaction ID : SE.4179 e of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: K House District: 02
Kennedy, Amy, , ,		Oppose		ident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	1599.96	Disbursem 2020	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Gateway Media, LLC				09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Amo	ount
#191 City	State	Zip Code	$ \Gamma$	399.99
North Haledon	NJ	07508	<b>I</b>	Insaction ID : SE.4193 e of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	X Pres	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1599.96	Disbursem 2020	ent For:
(a) CURTOTAL of Naminal Indoordant Funerality				700.00
(a) SUBTOTAL of Itemized Independent Expenditures			•	799.98
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
May, Jennifer, , ,	Electronically File	ed]	M M M	15 2020
Signature		Date	e 10	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 28
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
				C 00745001
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Mam / Dad / Yayayay
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				Amount
#191				
City	State	Zip Code		399.99
North Haledon	NJ	07508		Transaction ID: SE.4180 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: X House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date				rsement For: Primary X General
Per Election for Office Sought	7	1999.95	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				
#191				Amount
City	State	Zip Code		399.99
North Haledon	NJ	07508		Transaction ID : SE.4194 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements	-1	Category/		M M / D D / Y Y Y
Offiline Advertisements		Type		09 21 2020
Name of Federal Candidate:		Support	Office	Sought: House District:00
Trump, Donald, J., ,		<b>x</b> Oppose	x	President Senate State:
Calendar Year-To-Date		1999.95		rsement For: Primary X General
Per Election for Office Sought	7 7	1000.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	799.98
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			. •	
				7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	[Electronically Fil	ledl –	M =	M / D D / Y Y Y Y Y
Signature		_ Date	e 10	15 2020

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M - M / D - D / Y - Y - Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Gateway Media, LLC		_ Welle	nem 2	M M / D D / Y Y Y Y Y 2020
Mailing Address 5 Sicomac Rd			Ar	mount
#191 City	State	Zip Code	— Г	399.99
North Haledon	NJ	07508		ransaction ID : SE.4181 ate of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office So	ought: X House District: 02
Kennedy, Amy, , ,		Oppose		esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	2399.94	Disburse 2020	ment For:  Primary
Full Name of Payee		□ Meme	Itam D	ate of Public Distribution/Dissemination
Gateway Media, LLC		∐ Memo	item De	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Λ <i>r</i>	
#191			AI	mount
City North Haledon	State	Zip Code 07508		399.99 ransaction ID : SE.4195
Purpose of Expenditure Online Advertisements		Category/	Da	ate of Disbursement or Obligation
		Type		00 22 2020
Name of Federal Candidate:		Support	Office Sc	ought: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	<b>✗</b> Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<b>7</b> 1 1 <b>7</b>	2399.94	Disburse 2020	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				799.98
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	[ed] Date	e 10	15 2020
Signature	<u>-</u>	_ Date	10	10 2020

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				
				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				09 23 2020
#191				Amount
City	State	Zip Code		399.99
North Haledon	NJ	07508		Transaction ID : SE.4182 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 23 / 2020
Name of Federal Candidate:		<b>X</b> Support	Office	Sought:  House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	2799.93	Disbu 2020	rsement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				00 20 2020
#191				Amount
City	State	Zip Code		399.99
North Haledon	NJ	07508		Transaction ID : SE.4196  Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 23 / 2020
Name of Federal Candidate:		Support	Office	Sought: House District:00
Trump, Donald, J., ,		<b>x</b> Oppose	×	President Senate State:
Calendar Year-To-Date		2700.02	1	rsement For: Primary X General
Per Election for Office Sought	7	2799.93	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	799.98
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
May, Jennifer, , ,	Electronically File	ed] -	M =	) 15 2020
Signature		Date	e 10	, 13 2020

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ America's Future First C00748061 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Gateway Media, LLC 09 24 2020 Mailing Address 5 Sicomac Rd Amount #191 City State Zip Code 399.99 07508 Transaction ID: SE.4183 North Haledon NJ Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Advertisements 09 24 2020 Type Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: Kennedy, Amy, , , NJ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 3199.92 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Gateway Media, LLC 2020 24 09 Mailing Address 5 Sicomac Rd Amount #191 399.99 City State Zip Code North Haledon Transaction ID: SE.4197 NJ 07508 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Advertisements 24 2020 09 Type Name of Federal Candidate: 00 Support Office Sought: House District: Trump, Donald, J.,, X Oppose **X** President Senate State: Disbursement For: **X** General Primary Calendar Year-To-Date 3199.92 2020 Per Election for Office Sought Other (specify) ▶ 799.98 (a) SUBTOTAL of Itemized Independent Expenditures ..... (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. May, Jennifer, , , [Electronically Filed] 15 2020 Date Signature

PAGE

18

OF

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Gateway Media, LLC		☐ Memo	Item	Date of Public Distribution/Dissemination
				09 25 2020
Mailing Address 5 Sicomac Rd #191				Amount
City	State	Zip Code		399.99
North Haledon	NJ	07508		Transaction ID : SE.4184 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:  House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	3599.91	Disburs 2020	sement For:  Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				09
Mailing Address 5 Sicomac Rd				Amount
#191	Otata	Zin Codo		399.99
City North Haledon	State NJ	Zip Code 07508		Transaction ID : SE.4198 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / DED / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Trump, Donald, J., ,		X Oppose	X F	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		3599.91	Disburs 2020	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• •	799.98
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically File	ed]	e 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	Date	5 10	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination
Gateway Média, LLC			M	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Amour	
#191				
City	State	Zip Code		399.99
North Haledon	NJ	07508		action ID : SE.4185 of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type	N N	09 26 7 2020
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: Nouse District: 02
Kennedy, Amy, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		3999.90	Disbursemen 2020	, ,
5 H M ( D	,		1_	ther (specify)
Full Name of Payee Gateway Media, LLC		∐ Memo	Item Date o	
Mailing Address 5 Sicomac Rd			_ L	09 26 2020
#191			Amour	nt
City	State	Zip Code	─ I :	399.99
North Haledon	NJ	07508		saction ID : SE.4199 of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type	M	09 26 7 2020
Name of Federal Candidate:		Support	Office Sough	t: House District:00
Trump, Donald, J., ,		Oppose	<b>X</b> Preside	ent Senate State:
Calendar Year-To-Date		3999.90	Disbursemen	t For: Primary Seneral
Per Election for Office Sought	7-1-5	3999.90	<sup>2020</sup> o	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	799.98
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	ed]	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 10	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
				C 600748001
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Gateway Media, LLC				09 / 27 / 2020
Mailing Address 5 Sicomac Rd			Amo	unt
#191 City	State	Zip Code		400.00
North Haledon	NJ	07508		saction ID : SE.4186
Purpose of Expenditure Online Advertisements		Category/ Type	Date	of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District: 02
Kennedy, Amy, , ,		Oppose	Presid	dent Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 7	4399.90	Disburseme	ont For:  Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
Gateway Media, LLC		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				00 27 2020
#191			Amo	unt
City	State	Zip Code		400.00
North Haledon	NJ	07508		of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:00
Trump, Donald, J., ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date		4399.90	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [	800.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	ledl –	M = M /	D D / Y Y Y Y Y
Signature	omeany I'm	Date	e 10	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 28
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
America's Future First				
				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	) M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item [	Date of Public Distribution/Dissemination
Gateway Media, LLC				09 28 2020
Mailing Address 5 Sicomac Rd				Amount
#191				Milount
City	State	Zip Code		400.00
North Haledon	NJ	07508		Transaction ID: SE.4187 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 28 2020
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District: 02
Kennedy, Amy, , ,		Oppose		resident Senate State: NJ
Calendar Year-To-Date		1700.00		ement For: Primary X General
Per Election for Office Sought	7 7	4799.90	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
Gateway Media, LLC				09 28 Y 2020
Mailing Address 5 Sicomac Rd				
#191			<i>F</i>	Amount
City	State	Zip Code		400.00
North Haledon	NJ	07508		Transaction ID : SE.4201 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/		M M / D D / Y Y Y Y
Offine Advertisements		Type		09 28 2020
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	<b>X</b> P	resident Senate State:
Calendar Year-To-Date		4799.90	1	ement For: Primary 🗶 General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			800.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	<sub>г</sub> 2леси описшіў Г ІІ	_ Date	e 10	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
			_	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Gateway Media, LLC		☐ Memo	Item Date	of Public Distribution/Dissemination
Gateway Media, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd			Amou	unt
#191			Amor	
City	State	Zip Code		400.00
North Haledon	NJ	07508	Tran Date	saction ID : SE.4188 of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/		M M / D D / Y Y Y Y
		Type		09 29 2020
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District: 02
Kennedy, Amy, , ,		Oppose	Presid	dent Senate State: NJ
Calendar Year-To-Date		5100.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7	5199.90	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Gateway Media, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				
#191			Amoi	unt
City	State	Zip Code		400.00
North Haledon	NJ	07508		nsaction ID : SE.4202 of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/		M M / D D / Y Y Y
Offilite Advertisements		Type	_	09 29 2020
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
Trump, Donald, J., ,		<b>x</b> Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date		5100.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	5199.90	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			· •   [	800.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(a) TOTAL ladar and out Fun and it was				
(c) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
May, Jennifer, , ,	Electronically File	od l	M = M /	D D / Y Y Y Y Y Y
Signature	лиси описину Т Ш	Date	10	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Gateway Media, LLC		☐ Memo	Item	Date of Public Distribution/Dissemination
				09 / 30 / Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd #191				Amount
City	State	Zip Code		400.00
North Haledon	NJ	07508		Transaction ID : SE.4189 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 30 7 2020
Name of Federal Candidate:		<b>X</b> Support	Office	Sought:  House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	5599.90	Disburs 2020	sement For:  Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Gateway Media, LLC				09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Sicomac Rd				Amount
#191	Ctoto	Zin Codo		400.00
City North Haledon	State NJ	Zip Code 07508		Transaction ID : SE.4203 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Trump, Donald, J., ,		X Oppose	X F	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	5599.90	Disburs 2020	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	800.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			• [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically File	ed]	e 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	_ Date	5 10	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Marse of Davis			Itaaa	Date of Public Distribution/Dissemination
Full Name of Payee Roland Offset Service, RP		Memo	item	07 01 2020
Mailing Address PO Box 1000				Amount
City	State	Zip Code		1501.24
West New York	NJ	07093		Transaction ID : SE.4164 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 / 01 / 2020
Name of Federal Candidate:		<b>X</b> Support	Office	Sought: House District: 02
Kennedy, Amy, , ,		Oppose	F	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	56323.08	Disburs 2020	sement For:   Primary General  Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Roland Offset Service, RP				07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1000				Amount
City West New York	State NJ	Zip Code 07093		Transaction ID : SE.4165 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:
Kennedy, Amy, , ,		Oppose	F	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	57824.33	Disburs 2020	sement For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	3002.49
(b) SUBTOTAL of Unitemized Independent Expenditu	roo			
(b) 30B 101AL of Officernized independent Expenditu	165		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	ed1 –		M / D D / Y Y Y Y Y
Signature	omeany 1 ti	Date	e 10	15 2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 26 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Roland Offset Service, RP				07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1000			A	mount
City	State	Zip Code		1501.25
West New York	NJ	07093		ransaction ID : SE.4166 ate of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 03 / 2020
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: X House District: 02
Kennedy, Amy, , ,		Oppose		esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7	59325.58	Disburse 2020	ement For:   ✓ Primary General  Other (specify)   ✓
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Roland Offset Service, RP				07 04 7 2020
Mailing Address PO Box 1000			A	mount
City	State	Zip Code	[	1501.25
West New York	NJ	07093		ransaction ID : SE.4167 ate of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: K House District: 02
Kennedy, Amy, , ,		Oppose	Pr	esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	60826.83	Disburse 2020	ement For:   ■ Primary   General  Other (specify)   ■
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			[	3002.50
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
May, Jennifer, , ,	Electronically File	ed]	M = M	15 2020
Signature		Date	9 10	13 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Roland Offset Service, RP		☐ Memo	Item	Date of Public Distribution/Dissemination
·				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1000				Amount
City	State	Zip Code		1501.25
West New York	NJ	07093		Transaction ID : SE.4168 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 / 05 / 2020
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	62328.08	Disbui 2020	rsement For:   ✓ Primary General  Other (specify) ►
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Roland Offset Service, RP				07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1000				
				Amount
City	State	Zip Code		1501.25
West New York	NJ	07093		Transaction ID : SE.4169 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 06 Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 02
Kennedy, Amy, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	63829.33	Disbui 2020	rsement For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				3002.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	ed1 -	М	M / D D / Y Y Y Y
Signature		Date	e 10	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 28 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
America's Future First				C C00748061
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y
Full Name of Payer		Memo	Itam [	Date of Public Distribution/Dissemination
Full Name of Payee Roland Offset Service, RP		□ Iviemo	item L	07 07 2020
Mailing Address PO Box 1000			A	Amount
City	State	Zip Code		1501.25
West New York	NJ	07093		Fransaction ID : SE.4170 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertisements		Category/ Type		07 07 2020
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought:  House District: 02
Kennedy, Amy, , ,		Oppose	P	resident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	65330.58	Disburs 2020	ement For:   Primary General  Other (specify) ▶
Full Name of Payee		Memo	Item [	Date of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address				
			l A	Amount
City	State	Zip Code		
Durana of Europe dibura				Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M   M / D   D / Y   Y   Y   Y
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose	P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7		Disburs	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				1501.25
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	21708.54
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
May, Jennifer, , ,	Electronically Fil	[ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 10	10 2020