

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
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 / 26 / 2020		
Mailing Address 5 Sicomac Rd Suite 191			Amount 1226.67		
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 / 26 / 2020		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		14186.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Gateway Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020		
Mailing Address 5 Sicomac Rd Suite 191			Amount 3499.39		
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 / 26 / 2020		
Name of Federal Candidate Kennedy, Amy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought		109023.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4726.06
(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]

Date

MM / DD / YYYY
10 / 27 / 2020

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

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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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Flashpoint Strategies LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 10 Brookside Ave Suite 2B		Amount <input type="text"/>	
City Caldwell	State NJ	Zip Code 07006	Transaction ID : WFT20209271854-1
Purpose of Expenditure Direct Mail	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Kennedy, Amy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ <input type="text"/>	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/ Type <input type="text"/>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ <input type="text"/>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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May, Jennifer, , ,

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Date

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Signature