24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
CENTER FORWARD COMMITTEE	C C00568444		
	O costa		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee BaughmanMerrill	Date of Public Distribution/Dissemination		
	10 01 2020		
Mailing Address 1592 Union Street	Amount		
Suite 401			
City State Zip Code San Franscisco CA 94123	146113.47 Transaction ID : SE.4398		
	Date of Disbursement or Obligation		
Purpose of Expenditure Postage and printing Category/ Type	10 / 01 / 2020		
Name of Federal Candidate Suppor	rt Office Sought: X House District: 01		
O'HALLERAN, TOM, , ,	President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2020 Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
BaughmanMerrill	10 01 2020		
Mailing Address 1592 Union Street			
Suite 401	Amount		
City State Zip Code	122498.90		
San Franscisco CA 94123	Transaction ID: SE.4399 Date of Disbursement or Obligation		
Purpose of Expenditure Printing and postage Category/ Type	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Suppo	rt Office Sought:		
GOLDEN, JARED, , ,	e President Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 122498.90	Disbursement For: Primary General 2020		
	Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	268612.37		
	7 7		
(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.			
	Date 10 01 2020		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼		
CENTER FORWARD COMMITTEE	C00568444		
Check if 24-hour report			
BaughmanMerrill	lic Distribution/Dissemination		
Mailing Address 1592 Union Street Amount	01 2020		
Suite 401			
City State Zip Code	210213.90		
	ID: SE.4400 oursement or Obligation		
Purpose of Expenditure Postage and printing Category/ Type 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	✗ House District: 01		
CUNNINGHAM, JOE, , , Oppose President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (s	Primary X General specify) ▶		
	lic Distribution/Dissemination		
BaughmanMerrill	01 2020		
Mailing Address 1592 Union Street Amount			
Suite 401			
City State Zip Code	131979.54		
San Franscisco CA 94123 Transaction Date of Disl	ID : SE.4401 oursement or Obligation		
Purpose of Expenditure Postage and printing Category/ Type 10	01 / 2020		
Name of Federal Candidate X Support Office Sought:	✗ House District: <u>04</u>		
MCADAMS, BEN, , , Oppose President	Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (s	Primary ✗ General specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	7		
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.			
Murray, Jefferies, , , [Electronically Filed] Date 10 01	2020		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C	CENTER FORWARD COMMITTEE	C C00568444
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	BaughmanMerrill	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1592 Union Street Suite 401	Amount
	City State Zip Code	99637.33
	San Franscisco CA 94123	Transaction ID : SE.4403 Date of Disbursement or Obligation
	Purpose of Expenditure Printing and postage Category/ Type	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: X House District: 05
	HORN, KENDRA, , ,	President Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought Disbut 99637.33 Disbut 99637.33	
		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	M = M / D = D / Y = Y = Y = Y
	Name of Federal Candidate Support Offic	e Sought: House District:
		President Senate State:
		ursement For: Primary General
	Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	710443.14
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.		
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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