

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CENTER FORWARD COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00568444	
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 <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>Ethica</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2020	
Mailing Address 1225 Franklin Ave Suite 325		Amount 98362.00	
City Garden City	State NY	Zip Code 11530	Transaction ID : SE.-2147483632
Purpose of Expenditure Media time buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2020	
Name of Federal Candidate TENNEY, CLAUDIA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	98362.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	98362.00

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

 MM / DD / YYYY  
 10 / 07 / 2020

Signature