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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CENTER FORWARD COMMITTEE	
	C C00568444
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
4C Partners, LLC	M M / D D / Y Y Y Y
Mailing Address 718 7th Street, NW	08
City State Zip Code	30000.00
Washington DC 20001	Transaction ID : SE.4192 Date of Disbursement or Obligation
Purpose of Expenditure Media production & time buy (estimated) Category/ Type 004	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	ce Sought: X House District: 07
MURPHY, STEPHANIE, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disk 2018	oursement For: X Primary General Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	1
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) FOTAL Independent Experiorities	30000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Murray, Jefferies, , ,	M / D D / Y Y Y Y Y
(T) () II T) I	08 24 2018
Oignature	