

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CENTER FORWARD COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00568444
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 05 / 14 / 2024

Full Name of Payee N/A, N/A, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2024
Mailing Address		Amount 0.00
City	State Zip Code	
Purpose of Expenditure	Category/Type	Transaction ID : SE.4855 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate N/A, N/A, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: ☒ Primary ☐ General ☐ 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	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	0.00

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, , ,

Signature

Date

MM / DD / YYYY
09 / 18 / 2024