

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 30 2024	
Full Name of Payee N/A, N/A, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 05 28 2024	
Mailing Address		Amount 0.00	
City State Zip Code		Transaction ID : SE.4857 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate N/A, N/A, , ,		☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		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		Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type	
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.			
Signature Murray, Jefferies, , ,		Date MM / DD / YYYY 09 18 2024	