Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20210181 Number :					Repo Filed			CAND	IDATE		соми	ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FOR-	WA	RD P	AC									
Street Address:	P.O. BOX 83																
City:	HARRISBURG							State:	PA			Zip Cod	ie: 17	108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	- 2.	X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	1
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5.		30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2021					IG METH CHECK O				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:			-			DATE C)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	ΥI	AR			REP		22	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		3 30	20	021	T	0	5	5	3	2021						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	[)	\$			15,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			15,0	00.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			10,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	E)			\$			5,0	00.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			'			
				AFF	IDA	VΙ	ΓSE	CTION									
	s a Committee rep	•	-						• •								
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	filed (on į	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true	
Sworn to and subs	cribed before me this day of	i	20							9	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	•			
My Commission Ex	_											Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee	, Ca	andid	ate shall	sign h	ere.							1
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	al	comm	ittee has r	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			
	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	vires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
FOR-WARD PAC	From:	3/30/202	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	15,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	15,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	15,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			From: To:					
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Candidate				Reporting Period From: To:					
				m:):			
					DATE		AMOUNT		
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Pe	riod		
FOR-WARD PAC	From:	3/30/2021	То:	<u>5/3/2021</u>

DATE AMOUNT

Full Name of Contributing Committee OPERATORS FOR SKILL PAC	МО	DAY	YEAR			
Mailing Address P.O. BOX 343						\$ 15,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	4	23	2021	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

15,000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				riod	Reporting Period					
			Froi	m:		To	То:				
				D	ATE		АМ	OUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	5 4)								
Employer Name				Occupat	tion						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	GE TOTAL 0.00			

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candid	ate		Report	ting Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				МО	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)				
Receipt Description		·					
Enter Grand Total of Part E on Sch	edule I. Detaile	d Summary Page	Section	4			PAGE TOTAL
The stand rotal of rare E on och	caale 1, betallet	a cammary rage,	5000001	••			\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
FOR-WARD PAC	From:	3/30/2021 To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:	o:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporting Period						
FOR-WARD PAC	FOR-WARD PAC			<u>3/3</u> (5/3/2021				
				DATE					
To Whom Paid FRIENDS OF CHRIS GEBHARD				DAY	YEAR				
Mailing Address 1451 QUENTIN RD BOX 248			4	26	2021	\$	5,000.00		
City LEBANON	State PA	Zip Code (Plus 4) 17042	1	otion of Exp	penditure				
To Whom Paid CHERMAK FOR PA			МО	DAY	YEAR				
Mailing Address P.O. BOX 69			4	29	2021	\$	5,000.00		
			1	otion of Exp	penditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

10,000.00