Campaign Finance Report

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

Filer Identificati Number :	on 20	210181				Rep File			CANDI	DATE		COMN	4ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Can	lidate o	r Lob	obyist:		FOR	-W <i>F</i>	ARD P	AC									
Street Address:	P.O. BOX 8	3																
City:	HARRISBUI	RG							State:	PA			Zip Code: 17108					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT?		Yes	No	•	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	/ PRE	- C	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?					\
report type)	ANNUAL REPO	RT 7.	Υ	Year 2021					IG METHO				PAPER	PAPER DISKETT				
Name of Office S	- Sought by Candi	date:							DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun Code	
									мо	DAY	YE	AR			REP		22	
									5		18	2021		(SEE IN	STRUCTIO	ONS FOR O	CODES))
Summary of Expenditures	Receipts and	МО		DAY	YEAR	l			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	i i i oiii:		1	L 26	2	021	Т	0	5		3	2021						
A. Amount Bro	ught Forward F	rom Las	t Rep	port				\$				0.00						
B. Total Moneta	ary Contributio	ns And R	ecei	ipts (From	Sche	dule	I)	\$			15,0	00.00						
C. Total Funds	Available (Sum	Of Lines	s A a	ind B)				\$			15,0	00.00						
D. Total Expend	ditures (From S	chedule	III))				\$			10,0	00.00						
E. Ending Cash	Balance (Subtr	act Line	D Fı	rom Line C	E)			\$			5,0	00.00						
F. Value Of In-	Kind Contribution	ons Rece	eived	d (From Sc	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (Fror	n Sc	hedule IV)			\$				0.00			1			
					AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee r	eport, tı	eası	urer sign h	ere. 1	[f thi	is is	a Can	didate re	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding	the a	attached sch	edules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ue.
Sworn to and subs	cribed before me	this	2	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	- Sign	ature	_					- -					Prin	ted Name	e			-
My Commission Ex	-	ature											Ema	il				-
	МО		DAY	<i>r</i>	YR					Are	ea Cod	е	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a c	andidate	's au	uthorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kno	wled	ge and belie	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		nis										Si	ignature o	of Candid	ate			- [
	day of ————————————————————————————————————			20				-					Printe	d Name				-
	Signatu	re						-										_
My Commission Exp	_												Ema	il				
	мо		DAY	1	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FOR-WARD PAC	From:	<u>1/26/202</u>	<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

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or C	andidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Filing Committee or C	andidate			Rep	orting P	eriod			
				Froi	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	ip Code (Plus 4)						
									PAGE TOTAL

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

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 Po	eriod		
FOR-WARD PAC	From:	1/26/2021	То:	<u>5/3/2021</u>

Full Name of Contributing Committee

OPERATORS FOR SKILL PAC

Mailing Address P.O. BOX 343

City HARRISBURG State Zip Code (Plus 4)

DAT YEAR

15,000.00

17108

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

PA

PAGE TOTAL\$ 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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:	<u>1/26/2021</u> To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l e	
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 Candidate	Name of Filing Committee or Candidate					Reporting Period					
	From:			То:							
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL				
						\$	(0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

10,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee	Reporting Period						
FOR-WARD PAC				<u>1/26</u>	То:	5/3/2021	
	DATE AMOUNT						
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF CHRIS GEBHA	ARD						
Mailing Address 1451 QUENTIN RD BOX 248			4	26	2021	\$	5,000.00
City LEBANON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17042	CONTRIBUTION				
To Whom Paid			МО	DAY	YEAR		
CHERMAK FOR PA			МО	DAT	IEAR		
Mailing Address P.O. BO	OX 69		4	29	2021	\$	5,000.00
City DALTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	18414	CONTR	IBUTION			
							PAGE TOTAL

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