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 202:	10181			Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBE	YIST	
Name of Filing C	ommittee, Candid	late or L	obbyist:		FOR	-WA	ARD P	AC								
Street Address:	P.O. BOX 83															
City:	HARRISBURG	6						State:	PA			Zip Cod	le: 17	7108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	. 2	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	- [5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2021					IG METH CHECK O				PAPER		\checkmark	DISKE	ГТЕ
Name of Office S	ought by Candida	nte:	•					DATE ()F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
								МО	DAY	YE	AR		10000	REP		22
								5	5	18	2021	ONS FOR C	ODES)			
Summary of Expenditures	Receipts and	МО	DAY YE	AR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			1 26	20)21	Т	0	5	5	3	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From So	che	dule	: I)	\$			15,0	00.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			15,0	00.00					
D. Total Expend	ditures (From Sch	edule II	I)				\$			10,0	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			5,0	00.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II	:)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			'		
			А	FF:	IDA	١٧٢	T SE	CTION								
PART I - If this is	a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	didate r	eport, o	candio	date sig	jn here.				
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sched	ules	filed	d on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signati	ire					- -					Prin	ted Name	e		
My Commission Ex	-											Ema	il			
	мо	D	AY	ΥR					Ar	ea Cod	e	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has ı	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this									Signature of Candidate						
	day of 						-					Drint-	d Name			
	Signature						-									
My Commission Exp	_											Ema	il	_		
	МО	D	AY	YR			-		Area	Code		Da	ytime 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:	1/26/202	<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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filing Committee	or Candidate		Rep					
			Fro	m:		To):	
					DATE		АМО	UNT
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	'eriod					
FOR-WARD PAC	From:	1/26/2021	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.

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.)

ame of Filing Committee or Candidate				Reporting Period				
			Fror					
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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	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 Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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:	
				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 Candida	te				Re	porting	Period				
					Fro	m:		То	:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
FOR-WARD PAC			From <u>1/26/2021</u> To:				5/3/2021	
			DATE AMOUN					
To Whom Paid FRIENDS OF CHRIS GEBHAR	D		мо	DAY	YEAR			
Mailing Address 1451 QUENTIN RD BOX 248				26	2021	\$	5,000.00	
City LEBANON	State PA	Zip Code (Plus 4) 17042		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	
City DALTON	State PA	Zip Code (Plus 4) 18414	Description of Expenditure CONTRIBUTION					
	•	•					PAGE TOTAL	

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

10,000.00