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 2021	.0181			Repo Filed			CAND	NDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	i	FOR-	WA	RD P	AC									
Street Address:	P.O. BOX 83																
City:	HARRISBURG							State:	PA			Zip Cod	de: 17	7108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	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. X		TERMIN/ REPORT		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2021				FILING METHOD () CHECK ONE					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE (F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	ΥI	EAR	REP				22	
								11		2	2021	(SEE INSTRUCTIONS FOR COD				ODES))
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 19	20)21	T	0	11	L I	22	2021						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			19,9	994.72						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	ched	dule I	()	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			19,9	994.72						
D. Total Expend	ditures (From Sch	edule II	I)				\$			7,6	550.00						
E. Ending Cash	Balance (Subtract Line D From Line C) \$ 12,344.72																
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			A	\FF	IDA۱	/I7	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	is	a Car	ndidate r	eport, (candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	lules	filed	on p	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this	5	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					-					Prin	ted Name	e			-
My Commission Ex	kpires											Ema	il				-
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politic	al o	comm	ittee has ı	not viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						•					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR					Area	Code		D	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:	10/19/202	<u>1</u> To:	11/22/2021
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

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			
			Fre	om:		То	:	
		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 Filing Committee of Candidate				Reporting Period From: To:				
					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 Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	ame of Filing Committee or Candidate		Repo	orting Pe	riod					
			Fron	n:		To):			
				D	ATE		A	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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 Can	didate		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 S	Schedule I Detailer	d Summary Page	Section	4		[P	PAGE TOTAL
zne. Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	Section	•			\$	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 Peri	od	
FOR-WARD PAC	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	١	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Rep				g Period					
	Fre				From: To:				
				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 Candidate				Re	porting	Period				
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period				
FOR-WARD PAC			From	From <u>10/19/2021</u> To: <u>1</u> :				
				DATE			AMOUNT	
To Whom Paid FRIENDS OF GREGORY MERTZ	To Whom Paid FRIENDS OF GREGORY MERTZ							
Mailing Address 89 MCLAUGHLIN DR				19	2021	\$	500.00	
City GREENSBURG State PA Zip Code (Plus 4) 15601				otion of Exp	penditure			
To Whom Paid JUDGE BROBSON FOR SUPREME COURT			мо	DAY	YEAR			
Mailing Address P.O. BOX 1	1683		10	25	2021	\$	5,000.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		otion of Exp	penditure	•		
To Whom Paid MB MEDIA GROUP			мо	DAY	YEAR			
Mailing Address 405 SEDONA LN			11	8	2021	\$	2,150.00	
City TRAFFORD State Zip Code (Plus 4) PA 15085			Descrip DESIG	otion of Exp	enditure			
					PAGE TOTAL			

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

7,650.00