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			Rep File			CANDI	DATE		СОМ	4ITTEE	√	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FOR	-WA	ARD P	AC									
Street Address:	P.O. BOX 83																
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT?		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- [5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2022					NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	
								МО	DAY	YE	AR			•			
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R			МО	DAY YEAR FOR OFF						OFFICE USE ONLY		
Expenditures	from:		5 3	2	022	Т	0	6	1	6	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	-		116,3	344.72						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 116,344.72																	
D. Total Expenditures (From Schedule III) \$ 5,500.00																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			110,8	44.72						
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	VI	T SE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me this day of	ì	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu						- -					Prin	ted Name	e			
My Commission Ex	Signatu opires	ie										Ema	il				
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			
	day of 						_					Printe	d Name				
	Signature						-										
My Commission Exp	_											Ema	il			_	
	МО	D	AY	YR	1		•		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:	5/3/202	<u>2</u> To:	6/6/2022
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

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 Candida	ame of Filing Committee or Candidate			Reporting Period						
			From:		То	:				
				DATE			AMOUNT			
Full Name of Contributing Committee			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.

PART B 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.

Name of Filing Commi	ttee or Candidate		Reporting	Period			
			From:		To	o:	
				DATE			AMOUNT
Full Name of Contributor	-		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			Ī	İ	

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	me of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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>5/3/2022</u> To:	6/6/2022					
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 PART 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 Ca	ndidate		Reportin					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						 	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
				_	Г			
Enter Grand Total of Part F of Section 2.	nter Grand Total of Part F on Schedule II, In-Kind Contributions Del				ge,	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 Place of Business City					e Zi	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate			ng Period				
FOR-WARD PAC			From	m <u>5/3/2022</u>			6/6/2022	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
FRIENDS OF SAM OROPEZA			110					
Mailing Address 1817 E VENANGO S	Γ #107		5	3	2022	\$	5,000.00	
City PHILADELPHIA State Zip Code (Plus 4)				Description of Expenditure				
PA 19134			CONTRI	BUTION				

	PA PA	19134	CONTRI	BUITON			
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF NICOLE ZICCARELLI	IENDS OF NICOLE ZICCARELLI				ILAK		
Mailing Address 2300 FREEPORT RD SUITE 3			5	20	2022	\$	500.00
City NEW KENSINGTON	State	Zip Code (Plus 4)	Description of Expenditure				
PA 15068			CONTRIBUTION				
							PAGE TOTAL

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

PAGE TOTAL

\$ 5,500.00