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			PA			Zip Code: 17108						
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		/	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	Number Code					
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R			МО	DAY	YE	AR	FO	R OFFI	CE 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 Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			116,3	344.72						
D. Total Expend	ditures (From Sch	edule II	I)				\$			5,5	00.00						
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					Area Code Daytime Telephone Number								
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	l sign here.								
I swear (or affirm) No 320) as amende		ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	ot viola	ted any provisions of the act of June 3,1937 (P.L. 1333,						1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			
	day of 						_		Printed 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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL	
\$ 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	oorting P	eriod			
			Fro	m:		To	:	
					DATE		А	MOUNT
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 Candi	date		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			Reporting Period					
			Fron	n:		To) :		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Period	I	
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	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:	
				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 P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period				
FOR-WARD PAC			From <u>5/3/2022</u> To:				6/6/2022	
			DATE AMOU					
To Whom Paid FRIENDS OF SAM OROPEZA			мо	DAY	YEAR			
Mailing Address 1817 E VENANGO ST #107			5	3	2022	\$	5,000.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19134	Description of Expenditure CONTRIBUTION					
To Whom Paid FRIENDS OF NICOLE ZICCARELL	I		МО	DAY	YEAR			
Mailing Address 2300 FREEPO	RT RD SUITE 3		5	20	2022	\$	500.00	
City NEW KENSINGTON PA State Zip Code (Plus 4) 15068			1	ption of Exp	enditure			
	I	I	1				PAGE TOTAL	

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

5,500.00