### **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	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	i	FOR-	-WA	RD P	AC									
Street Address:	P.O. BOX 83																
City:	HARRISBURG							State:	PA			Zip Cod	<b>le:</b> 17	7108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	D FRIDAY PRE- CCTION 5. 30 DAY POST- ELECTION 6.						TERMINATION Yes No REPORT?				•	<b>/</b>		
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	ought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	- ,							МО	DAY	YE	AR		10000			-	
								11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of Expenditures	Receipts and	МО		EAR		_	_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			11 29	20	022	Т	1	12		31	. 2022						
	ught Forward Froi		•				\$			95,5	511.72						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule :	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)										95,5	511.72						
D. Total Expend	ditures (From Sch	edule II	I)				\$			8	310.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			94,7	01.72						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)	)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			Α	\FF	IDA'	VI	ΓSE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign hei	re. I	f this	s is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sched	lules	filed	on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie'
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re					-					Prin	ted Name	e			_
My Commission Ex	rpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, ээлинээн схр																	╻┃
	МО	D	AY	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:	11/29/202	<u>2</u> To:	12/31/2022
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

**PAGE TOTAL** 

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 Candidate				Reporting Period						
		F	rom:		То	:				
		•		DATE			AMOUNT			
Full Name of Contributing	g Committee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

I, Detailed Summary Page, Section 2. \$

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 Com	nittee or Candidate	1	Reporting	Period			
		1	From:		To	<b>)</b> :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I			1	1		PAGE TOTAL

#### **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	lame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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	Name of Filing Committee or Candidate				riod			
	Fror	om: 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Per	iod								
FOR-WARD PAC	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Can	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0.0	0

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period			
	Fi						То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

**PAGE TOTAL** 

810.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
FOR-WARD PAC				11/29	12/31/2022				
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
PNC BANK									
Mailing Address 110 S 32ND ST			12	1	2022	\$	810.00		
City CAMP HILL	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA	17011	SERVIC	E FEE					

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