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 :	iler Identification 20210181 Report Filed By : CANDIDATE COMMITTEE LOBBYIST									BYIST									
Name of Filing C	Committee, Can	didate	or Lo	bbyist:		FOR-	-WA	RD P	AC										
Street Address:	P.O. BOX 8	33																	
City:	HARRISBU	RG							State:	PA			Zip Code: 17108						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	- 2	2.	30 DA PRIMA		POST-	OST- 3.			IENT	Yes	No	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~		
report type)	ANNUAL REPO	RT 7. 2	X	Year 2022					IG METHO				PAPER		/	DISKE	TTE		
Name of Office S	- Sought by Candi	idate:							DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
									МО	DAY	YE	AR							
11 8								8	2022		(SEE IN	STRUCTI	ONS FOR O	CODES)					
Summary of Expenditures		М	10	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
			1	1 29	2	022	Т	0	12		31	2022							
A. Amount Bro	ught Forward F	rom La	ast Re	port				\$			95,5	11.72							
B. Total Monet	ary Contribution	ns And	Rece	ipts (From	Sche	dule	I)	\$				0.00							
C. Total Funds	Available (Sum	Of Lin	nes A a	and B)				\$			95,5	511.72							
D. Total Expen	ditures (From S	chedu	le III)				\$			8	10.00							
E. Ending Cash	Balance (Subti	act Lir	ne D F	rom Line C	:)			\$			94,7	01.72							
F. Value Of In-	Kind Contributi	ons Re	eceive	d (From Sc	hedu	le II)	\$				0.00							
G. Unpaid Debt	s And Obligation	ns (Fr	om So	chedule IV)			\$				0.00			1				
					AFF	IDA	VI	T SE	CTION										
PART I - If this is				_						-		_							
I swear (or affirm) correct and comple		includir	ng the	attached sch	edules	filed	i on i	paper o	or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge	and belie	ef , true		
Sworn to and subs	cribed before me day of	this		20							s	ignature	of Perso	n Submit	ting Rep	ort			
	- Sign	ature						- -					Prin	ted Name	e				
My Commission Ex	-	ature											Ema	il					
	мо		DA	Y	YR			-		Are	ea Cod	e	Daytim	e Telepi	none Nu	mber			
Part II- If this is	a report of a c	andida	ate's a	uthorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		of my k	nowled	dge and belie	ef this	politi	ical	commi	ittee has n	ot viola	iolated any provisions of the act of June 3,1937 (P.L. 1333,								
Sworn to and subsc		his										Si	ignature o	of Candid	ate				
	day of			20				_					Printe	d Name					
	Signatu	re						-											
My Commission Exp	_												Ema	il					
	мо		DA	Y	YR			•		Area	Code		Da	aytime T	elephor	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 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 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			Rep	orting Pe	riod				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

810.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Name of Filing Committee or Candidate				Reporting Period						
FOR-WARD PAC			From	11/29	9/2022	То:	12/31/2022				
				DATE			AMOUNT				
To Whom Paid PNC BANK			МО	DAY	YEAR						
Mailing Address 110 S 32N	D ST		12	1	2022	\$	810.00				
City CAMP HILL	Description of Expenditure SERVICE FEE										
	•	•	•				PAGE TOTAL				

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