Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2021	.0181			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing	Committee, Candid	ate or Lo	obbyist:		FOR-WA	-	PAC									
Street Address: P.O. BOX 83																
City:	HARRISBURG						State:	PA			Zip Co	de: 17	108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 D/ PRIM		POST- 3.			AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION				AY F TION	POST- 6.			TERMIN REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2023				FILING METHOD () CHECK ONE					PAPER		DISK	ETTE	
Name of Office	L Sought by Candida	te:					DATE O	FELE	СТІС	N	District Number	Office	Par	ty Code	Cour	
							мо	DAY	Y	AR					1	-
							11 7 2023 (see						TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR			мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		3 28	20)23 T	0	5		1	2023						
A. Amount Bro	ought Forward From	m Last Re	eport			\$			37,0	051.72						
B. Total Monet	tary Contributions	And Rece	eipts (Fron	1 Scheo	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$			37,0)51.72						
D. Total Expen	nditures (From Sch	edule III	[)			\$			14,0	00.00						
E. Ending Cash	n Balance (Subtrac	t Line D l	From Line	C)		\$			23,0	51.72						
F. Value Of In-	-Kind Contribution	s Receive	ed (From S	chedul	e II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	is a Committee rep	•	-								-					
I swear (or affirm correct and comp	 that this report, inc lete. 	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	edium	, are to	the best o	of my knov	vledge	and be	ief, tr	ue
Sworn to and sub	scribed before me this day of	S	20						9	Signatur	e of Perso	on Submitt	ing Rep	oort		
	Signatu	ire				_					Prin	ited Name				-
My Commission E	-					_					Ema	il				
	мо	DA	Y	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of r led.	ny knowle	dge and beli	ef this	political	comm	ittee has n	ot viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subs	cribed before me this day of		20							S	ignature	of Candida	ite			-
						-					Printe	ed Name				-
My Commission Ex	Signature pires					-					Ema	nil				-
	мо	DA	١Y	YR		-		Area	Code		D	aytime Te	elephon	e Num	ber	-
	МО	DA	AY .	YR				Area	Code		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
FOR-WARD PAC	From:	<u>3/28/202</u>	<u>.3</u> To:	<u>5/1/2023</u>				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	(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	g Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)								
TOTAL for the Reporting	g 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				

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					
				m:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		_					\$	0.00
City	City State Zip Code (Plus 4)							
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

PART D 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				Reporting Period					
Fro				From:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE TOTAL 0.00	

PART E **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			Reporting Period						
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_	.	_				PAGE TO	ΓAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary 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 Period		
FOR-WARD PAC	From:	<u>3/28/2023</u> To:	<u>5/1/2023</u>
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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F			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 Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address			-				\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor				Occupa	ation			
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FOR-WARD PAC			From	<u>3/28</u>	<u>3/2023</u>	То:	<u>5/1/2023</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
REPUBLICAN COMMITTEE OF ALLEGHENY COUNTY							
Mailing Address 100 FLEET STREET SUITE 205			4	3	2023	\$	5,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15220	CONTRI	BUTION			
To Whom Paid WESTMORELAND COUNTY REPUBLICAN	мо	DAY	YEAR				
Mailing Address 23 N MAPLE AVE				3	2023	\$	7,500.00
City GREENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15642	CONTRI	BUTION			
To Whom Paid			мо	DAY	YEAR		
REPUBLICAN COMMITTEE OF ALLEGHEI	NY COUNTY						
Mailing Address 100 FLEET STREET S	SUITE 205		4	6	2023	\$	1,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	РА	15220	CONTRI	BUTION			
To Whom Paid REPUBLICAN COMMITTEE OF ALLEGHEI	NY COUNTY		мо	DAY	YEAR		
Mailing Address 100 FLEET STREET S	SUITE 205		4	11	2023	\$	500.00
City PITTSBURGH State Zip Code (Plus 4)			Descrip	L tion of Exp	enditure	I	
PA 15220			CONTRI	BUTION			
							PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I).			\$	14,000.00