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 2	20210)181			Rep File			CANDI	CANDIDATE COMMITTEE \(\square\) LOBBYIST							
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		FOR-	-WA	RD P	AC								
Street Address:	P.O. BOX	(83															
City:	HARRISB	SURG							State:	PA			Zip Cod	ie: 17	7108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA' PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA' ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	/
report type)	ANNUAL REP	PORT	7. X	Year 2023					IG METHO				PAPER		/	DISKE	TTE
Name of Office S	- Sought by Can	ndidate	e:						DATE O	ATE OF ELECTION District Number Code Par					ty Code	County	
									МО	DAY	YE	AR			<u> </u>		
									11		7	2023		(SEE IN	INSTRUCTIONS FOR CODES)		
Summary of Expenditures		nd	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			1	.1 28	2	023	Т	0	12		31	2023					
A. Amount Bro	ught Forward	l From	Last Re	eport				\$			726,2	223.12					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 726,223.12																	
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C) \$ 726,223.12																	
F. Value Of In-	Kind Contribu	ıtions	Receive	ed (From So	hedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligat	tions ((From S	chedule IV)			\$				0.00			•		
					AFF	IDA	VI	T SE	CTION								
PART I - If this is	s a Committee	e repo	rt, treas	surer sign l	nere. I	[f thi	is is	a Can	didate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	edules	filed	l on	paper (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 m	ne this		20							S	ignature	of Perso	n Submit	ting Re	ort	
				·				-					Prin	ted Name	e		
My Commission Ex	-	gnature	e										Ema	il			
	мо		DA	Υ	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me	e this										Si	ignature o	of Candid	ate		
	day of							_					Drinto	d Name			
	Signa	ture						-					Printe	u Name			
My Commission Exp	_												Ema	il			
	МС	0	DA	ΛΥ	YR	,		•		Area	Code		Da	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FOR-WARD PAC	From:	11/28/202	<u>3</u> To:	12/31/2023
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

Name of Filing Committee or Candidate			Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing (Committee		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

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 Filling 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)	١					

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 Candidate Reporting								
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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				Reporting Period					
		Fron	om: To:						
			D/	ATE		AMOUNT			
			МО	DAY	YEAR				
Mailing Address						\$	0.00		
State	Zip Code (Plus	s 4)							
			Occupat	ion					
e of	City			State		Zip Code (Plus 4)		
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobroad Octobro	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG		

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 Car	ndidate		Report	ing 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 on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	Name of Filing Committee or Candidate Re						
			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	Name of Filing Committee or Candidate					porting F	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	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
From						То:	
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00