Campaign Finance Report

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

Filer Identification 20210181 Report Number : Filed B						CANDI	DATE		COM	MITTEE	✓	LOBI	BYIST				
Name of Filing C	Committee,	Candida	ate or Lo	obbyist:		FOR-WA	-	AC									
Street Address:	P.O. B	OX 83															
City:	HARRI	SBURG						State:	PA			Zip Code: 17108					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY				AY F ARY	POST- 3.			AMENDN REPORT		Yes	No	, 🔨	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION				AY F TION	POST- 6.			TERMIN/ REPORT		Yes	No	, 🔨	
report type)	ANNUAL R	REPORT	7. X	Year 2024				NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by C	Candidat	e:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County	
								мо	DAY	YE	AR						
								11		5	2024	 	(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		1	26	20	024 T	0	12	3	81	2024						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport			\$		2	200,7	23.12						
B. Total Monet	ary Contrib	outions A	And Rec	eipts (From	n Scheo	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$		2	200,7	23.12						
D. Total Expen	ditures (Fro	om Sche	dule II	[)			\$			2	85.00						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		\$		2	00,4	38.12	-					
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedul	e II)	\$				0.00	-					
G. Unpaid Debt	ts And Oblig	gations	(From S	chedule IV	')		\$				0.00						
					AFF	IDAVI	ΓSE	CTION									
PART I - If this is		-	-	-								-					
I swear (or affirm) correct and comple		port, inclu	uding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium,	are to t	the best o	f my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before day of	e me this		20						Si	ignature	e of Perso	n Submitt	ing Rep	oort		
		Signatur	e				-					Prin	ted Name				
My Commission E	xpires						_					Ema	il				
	м	0	D/	AY	YR		_		Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized	Comm	ittee, Ca	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subso	ribed before day of	me this		20							S	ignature (of Candida	ite			
							-					Printe	ed Name				
My Commission Exp		gnature					-					Ema	il				
		мо	D/	AY	YR				Area (Code		D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FOR-WARD PAC From: <u>11/26/2024</u> **To:** <u>12/31/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
				From: To:						
		·			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 Candidate Reporting Period										
			From: To			D:				
					DATE			AMOUNT		
Full Name of Contributor				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										

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 Schedule I, Detailed Summary Page, Section 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						
From:				m:			То:			
				D	ATE		AMOUNT			
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 Sche	on 3.			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:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
nter Grand Total of Part 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 Perio	d	
FOR-WARD PAC	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	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				Reporting Period						
				From:							
					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 Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
FOR-WARD PAC				<u>11/2</u>	<u>6/2024</u>	То:	<u>12/31/2024</u>			
				DATE	AMOUNT					
To Whom Paid				DAY	YEAR					
PNC BANK			мо							
Mailing Address 110 S 32ND	ST		12	2	2024	\$	285.00			
City CAMP HILL	State	Zip Code (Plus 4)	Description of Expenditure							
	17011	SERVIC	SERVICE FEE							
				PAGE TOTAL						
Enter Grand Total of Expendi	D.			\$	285.00					