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			CAI	NDI	DATE		COM	AITTEE	Y	LUB	БИЗІ		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	FOR-	-WA	RD P	AC										
Street Address:	P.O. BOX 83																	
City:	HARRISBURG							State	e:	PA			Zip Co	de: 17	7108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA		P	POST-	3.		AMENDN REPORT		Yes		lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	POST-	6.		TERMINA REPORT		Yes	Ν	lo	\
report type)	ANNUAL REPORT	7.	Year 2025					NG ME					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by Candida	te:				_		DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Pa	rty Cod	e Cou Cod	
								МО		DAY	YE	AR		•			•	
									11		4	2025		(SEE IN	STRUCT	IONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YE	AR	FC	R OFFI	CE USI	ONLY	7	
Expenditures	from:		4 1	. 20	025	T	0		5		5	2025						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				200,4	138.12						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$:	200,4	138.12						
D. Total Expend	ditures (From Sch	edule II	I)				\$				27,7	'50.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			1	.72,6	88.12						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			'			
								CTIC										
I swear (or affirm)	that this report, inc	-	_									_		f my kno	wledge	and be	lief , t	rue.
correct and comple	ete. cribed before me this	ī										*	- f D	- Cbia	D.			_
	day of		_ 20									ngnature	of Perso	n Submit	ting Ke	рогс		
	Signatu	re					-						Prin	ted Name	е			
My Commission Ex	rpires						_		•				Ema	il				
	МО	D.	AY	YR						Are	a Cod	le	Daytin	e Teleph	none Nu	ımber		ᆜ
	a report of a can					•						_						
No 320) as amende		ny knowle	edge and beli	ief this	politi	cal	comm	ittee h	as n	ot viola	ed an	y provis	ions of th	e act of J	une 3,1	1937 (P	.L. 133	.3,
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candid	ate			
			_				•						Printe	ed Name				_
My Commission Exp	Signature ires								,				Ema	il				-
	МО	D	AY	YR			•			Area	Code		D	aytime T	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
FOR-WARD PAC	From:	4/1/202	<u>5</u> To:	<u>5/5/2025</u>
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

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	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Commi	ttee or Candidate	1	Reporting I	Period			
		ı	From:		To	o:	
		L		DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

7/10/2025 3:13:18 AM

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	e of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	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	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	od	
FOR-WARD PAC	From:	4/1/2025 To:	<u>5/5/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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,	<u> </u>	\$	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:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FOR-WARD PAC	From	4/1/2025	То:	<u>5/5/2025</u>		
	1					

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
FRIENDS OF JOSH PARSONS						
Mailing Address P.O. BOX 2487			2	7	2025	\$ 25,000.00
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17608	CONTRI	BUTION		
To Whom Paid FRIENDS OF ANTONIO LIO			МО	DAY	YEAR	
Mailing Address 2080 NORTHVIEW	DR		2	10	2025	\$ 250.00
City NORTH HUNTINGDON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
PA 15642				BUTION		
To Whom Paid			мо	DAY	YEAR	
FRIENDS OF DOUG WEIMER						
Mailing Address 22 DUNHAM DR			2	12	2025	\$ 500.00
City GREENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	15601	CONTRI	BUTION		
To Whom Paid			МО	DAY	YEAR	
FRIENDS OF JON WIAN						
Mailing Address 109 KENNETH DR			3	4	2025	\$ 2,000.00
City DELMONT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	15626	CONTRI	BUTION		
						PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Re	port Cover Page, Item D	•			\$ 27,750.00