

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER <b>20210278</b>		REPORT FILED ON BEHALF OF		CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Moving Fairview Forward</b>										
STREET ADDRESS <b>P.O. Box 711</b>										
CITY <b>Fairview</b>				STATE <b>PA</b>		ZIP CODE <b>16415</b>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY									MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY									05 14 2023	
30 DAY POST-PRIMARY										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR	
		01 01 2023					TO		08 01 2023	
		CASH BALANCE AT END OF REPORTING PERIOD:			\$					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$					
		AMENDMENT REPORT?			YES		NO		X	
		TERMINATION REPORT?			YES		NO		X	
		FOR OFFICE USE ONLY								

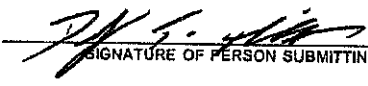
**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
**4** DAY OF **May** **2023**

SIGNATURE OF PERSON SUBMITTING REPORT  


PRINTED NAME  
**Lisa M. Leo, Notary Public**

MY COMMISSION EXPIRES **5** MO. **2023**

Commonwealth of Pennsylvania - Notary Seal  
 Lisa M. Leo, Notary Public  
 2023 Dauphin County  
 My commission expires May 1, 2027  
 Commission number 1200393

DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 DAY OF **20**

SIGNATURE OF CANDIDATE  
 \_\_\_\_\_

PRINTED NAME  
 \_\_\_\_\_

SIGNATURE  
 \_\_\_\_\_

MY COMMISSION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER