

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. <b>X</b>	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	
6TH TUESDAY PRE-PRIMARY 1. 2ND FRIDAY PRE-PRIMARY 2. 30 DAY POST-PRIMARY 3. <b>X</b> 6TH TUESDAY PRE-ELECTION 4. 2ND FRIDAY PRE-ELECTION 5. 30 DAY POST-ELECTION 6. ANNUAL REPORT 7.		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>05 02 2023 TO 06 05 2023</b>			DATE OF ELECTION MO. DAY YEAR <b>05 16 2023</b>		FOR OFFICE USE ONLY 2023 JUN 16 AM 11:00 ERIE COUNTY VOTER REGISTRATION	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>0</b>						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>						
		AMENDMENT REPORT? YES NO <b>X</b>						
		TERMINATION REPORT? YES NO <b>X</b>						

**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  
**14** DAY OF **June** 20**23**  
**Sheila Reed Flickinger**  
 SIGNATURE  
 MY COMMISSION EXPIRES **May 31, 2027**  
 Commonwealth of Pennsylvania - Notary Seal  
 Sheila Reed Flickinger, Notary Public  
 Dauphin County  
 Commission number 1051348  
 Member, Pennsylvania Association of Notaries

**PRINTED NAME**  
**SIGNATURE OF PERSON SUBMITTING REPORT**  
**AREA CODE** **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  
 MY COMMISSION EXPIRES MO. DAY YR.

**SIGNATURE OF CANDIDATE**  
**PRINTED NAME**  
**AREA CODE** **DAYTIME TELEPHONE NUMBER**