

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 20210278		REPORT FILED ON BEHALF OF CANDIDATE		1. COMMITTEE <input checked="" type="checkbox"/> LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Moving Fairview Forward					
STREET ADDRESS P.O. Box 711					
CITY Fairview		STATE PA		ZIP CODE 16415	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	
6TH TUESDAY PRE-PRIMARY					
2ND FRIDAY PRE-PRIMARY					
30 DAY POST-PRIMARY					
6TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>					
30 DAY POST-ELECTION					
ANNUAL REPORT					
		DATE OF ELECTION			
		MO. DAY YEAR		11 07 2023	
		DATE OF REPORTING PERIOD			
		MO. DAY YEAR		06 06 2023 TO 10 23 2023	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0	
		AMENDMENT REPORT?		YES NO <input checked="" type="checkbox"/>	
		TERMINATION REPORT?		YES NO <input checked="" type="checkbox"/>	
		FOR OFFICE USE ONLY		OCT 30 AM 8:02	

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
25 DAY OF October 2023

Signature of Person Submitting Report
PRINTED NAME
AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
Shalleen Flickinger, Notary Public
Dauphin County
My commission expires May 31, 2027
Commission number 1051348

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
AREA CODE DAYTIME TELEPHONE NUMBER

SIGNATURE
MY COMMISSION EXPIRES MO. DAY YR.