



20210278

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

File Identification Number	20210278	Report Filed By (Mark X)	<input type="checkbox"/> Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
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 (Place x under report type)					
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report
				<input type="checkbox"/>	Termination Report
				<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only	
		10/19/2021	11/22/2021		
A. Amount Brought Forward From Last Report		\$	3,911.25		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	50		
C. Total Funds Available (Sum of Lines A and B)		\$	3,961.25		
D. Total Expenditures (From Schedule III)		\$	2,500		
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,461.25		
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0		
Affidavit Section					
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.					
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.					
Sworn to and subscribed before me this					
29 day of NOV 20 21					
Signature					
My Commission expires Aug MO. DAY DAUPHIN COUNTY My commission expires August 13, 2025 My commission number 1406247					
Signature of Person Submitting report					
Printed Name					
717 Area Code					
712-9437 Daytime Telephone Number					
Part II- If this is a report of a Candidate or Unauthorized Committee, candidate shall 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					

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	50

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.

Filer Identification Number										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #						Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

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 over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Street Address		Date (MM/DD/YYYY)	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Street Address		Date (MM/DD/YYYY)	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Street Address		Date (MM/DD/YYYY)	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Street Address		Date (MM/DD/YYYY)	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Street Address		Date (MM/DD/YYYY)	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number									
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Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

Full Name									
House #	Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description									

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

Filer Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period (2)	\$	0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period (3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Date (MM/DD/YYYY)		S	
Street Address						Date (MM/DD/YYYY)		S	
City				State		Zip Code		Date (MM/DD/YYYY)	
Description of Contribution									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Date (MM/DD/YYYY)		S	
Street Address						Date (MM/DD/YYYY)		S	
City				State		Zip Code		Date (MM/DD/YYYY)	
Description of Contribution									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Date (MM/DD/YYYY)		S	
Street Address						Date (MM/DD/YYYY)		S	
City				State		Zip Code		Date (MM/DD/YYYY)	
Description of Contribution									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Date (MM/DD/YYYY)		S	
Street Address						Date (MM/DD/YYYY)		S	
City				State		Zip Code		Date (MM/DD/YYYY)	
Description of Contribution									
Full Name of Contributor						Date (MM/DD/YYYY)		S	
House #						Date (MM/DD/YYYY)		S	
Street Address						Date (MM/DD/YYYY)		S	
City				State		Zip Code		Date (MM/DD/YYYY)	
Description of Contribution									

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number											
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Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City							
	State		Zip Code	Date [MM/DD/YYYY]		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City							
	State		Zip Code	Date [MM/DD/YYYY]		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City							
	State		Zip Code	Date [MM/DD/YYYY]		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City							
	State		Zip Code	Date [MM/DD/YYYY]		S	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:					
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To Whom Paid:		RGB Politics		Date (MM/DD/YYYY):		10/20/2021		\$:		2,500	
House #:		3031		Street Address:		Logan St		Description of Expenditure:			
City:		Camp Hill		State:		PA		Zip Code:		17011	
To Whom Paid:		Anedot		Date (MM/DD/YYYY):		10/21/2021		\$:		2.3	
House #:		1340		Street Address:		Poydras St, Suite 1770		Description of Expenditure:			
City:		New Orleans		State:		LA		Zip Code:		70112	
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			
To Whom Paid:				Date (MM/DD/YYYY):				\$:			
House #:				Street Address:				Description of Expenditure:			
City:				State:				Zip Code:			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

<div style="display: flex; justify-content: space-between;"> Filer Identification Number <div style="border: 1px solid black; width: 80%; height: 20px;"></div> </div>									
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							