

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
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	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>11 28 2023 TO 12 21 2023</b>		DATE OF ELECTION MO. DAY YEAR <b>11 7 2023</b>		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>0</b>		FOR OFFICE USE ONLY FREQUENTLY VOTER REGISTRATION 2024 JAN 26 AM 3:53		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

**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  
**12** DAY OF **JAN**, **2024**

**Sheila Reed Fikinger**  
 Notary Seal  
 Sheila Reed Fikinger, Notary Public  
 Dauphin County

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

MY COMMISSION EXPIRES  
 MO. DAY YR.