Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2021	.0181				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	SYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FOR	R-WA	RD P	AC									
Street Address:	P.O. BOX 83																
City:	HARRISBURG							State:	PA Zip Code: 17108					108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-				1ENT ?	Yes	No	`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	<u>-</u>	5.	30 DA		POST-	POST- 6.			ATION ?	Yes	No	1	
report type)	ANNUAL REPORT	7.	Year 2021		FILING METHO () CHECK ON									/	DISKE	ΓΤΕ	
Name of Office S	ought by Candida	te:						DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY	YE	AR		•	REP		22	
								5	:	18	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 4	2	021	Т	0	5	5 .	28	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			5,0	00.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			15,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			20,0	00.00						
D. Total Expenditures (From Schedule III)							\$			10,9	05.28						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			9,0	94.72							
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			1			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	If th	is is	a Car	ididate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	uding the	attached sch	edules	s file	d on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	e,
Sworn to and subs	cribed before me this day of	•	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					-					Prin	ted Name	•			-
My Commission Ex	cpires						_					Ema	il				-
	МО	D/	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	e, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	f this	polit	tical	comm	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-		-			Ema	il				-
•																	
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
FOR-WARD PAC	From:	<u>5/4/202</u>	<u>1</u> To:	<u>5/28/2021</u>				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	0.00				
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)								
Contributions Received From Political Committees (Part A)	-		\$	0.00				
All Other Contributions (Part B)	\$	0.00						
TOTAL for the Reporting	(2)	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	15,000.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	15,000.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting) Period	(4)	\$	0.00				
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	15,000.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting				
		From:					
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4))				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Camulate			Reporting Period From: To:						
					DATE		AMOUN	т	
			_				71.10011	•	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Per	iod	1				
FOR-WARD PAC	From:	<u>5/4/2021</u>	То:	5/28/2021			

DATE AMOUNT

Full Name of Contributing Committee FRIENDS OF KIM WARD	МО	DAY	YEAR			
Mailing Address P.O. BOX 83						\$ 15,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	5	10	2021	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 15,000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate					Reporting Period						
				Fror	n:		To	o:			
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$		0.00	
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)	
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Name of Filing Committee or Candidate			ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Period		
FOR-WARD PAC	From:	<u>5/4/2021</u> To:	<u>5/28/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period						
	Fi					То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period					
				Fro	om:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FOR-WARD PAC			From	<u>5/4</u>	4/2021	То:	5/28/2021	
			DATE				AMOUNT	
To Whom Paid CPITECH			МО	DAY	YEAR			
Mailing Address 3212 PIKE ST			5	4	2021	\$	585.65	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	1	Description of Expenditure OFFICE SUPPLIES				
To Whom Paid PNC BANK			МО	DAY	YEAR			
Mailing Address 110 S 32ND ST			5	6	2021	\$	319.63	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	1	Description of Expenditure PRINTING				
To Whom Paid FRIENDS OF CHRIS GEBHARD			мо	DAY	YEAR			
Mailing Address 1451 QUENTIN RD BOX 248			5	10	2021	\$	10,000.00	
City LEBANON	State PA	Zip Code (Plus 4) 17042		Description of Expenditure CONTRIBUTION				
	<u>'</u>	l .					PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

10,905.28