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			Rep File			CAND	IDATE		соми	ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	FOR-	-WA	ARD P	AC								
Street Address:	P.O. BOX 83															
City:	HARRISBURG							State:	PA			Zip Cod	de: 17	108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2021					IG METH CHECK O				PAPER		\	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	-					DATE ()F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR		10000	REP		22
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	5 Trom:		5 4	20	021	Т	0	6	5	7	2021					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			5,0	00.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			15,0	00.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			20,0	00.00					
D. Total Expend	ditures (From Sch	edule II	I)				\$			10,9	05.28					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	E)			\$			9,0	94.72					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II))	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00					
				AFF	ΊDΑ	VI	T SE	CTION								
	s a Committee rep	•	=						•							
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	filed	l on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					- -					Prin	ted Name	•		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					Ar	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has ı	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

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:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y Period	(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	y Period	(3)	\$	15,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

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.

Name of Filing Committee or Candidat	e		Reporting	Period			
			From:		То	:	
				DATE		AMOUN	IT
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

PART B 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.

Name of Filing Comm	ittee or Candidate	Re	porting I	Period			
		Fro	om:		To) :	
				DATE			AMOUNT
Full Name of Contributo	ır		мо	DAY	YEAR		
Mailing Address						\$	0.00
	State	Zip Code (Plus 4)					
City							
City							PAGE TOTAL

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 Peri	iod		
FOR-WARD PAC	From:	<u>5/4/2021</u>	То:	<u>6/7/2021</u>

DATE

Full Name of Contributing Committee

FRIENDS OF KIM WARD

Mailing Address P.O. BOX 83

City HARRISBURG State Zip Code (Plus 4)

MO DAY YEAR

\$ 15,000.00

PA 17108

PAGE TOTAL 15,000.00

\$

AMOUNT

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

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 Perio	od	
FOR-WARD PAC	From:	<u>5/4/2021</u> To:	<u>6/7/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period					
			From:			To:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	-	-	•	•	•				
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L	
Section 2.						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								֓֟֟֝֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֟֓֓֟֟֓֓֟֓֓֟֓֓֟֓	\$ 0	.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Peri	od		
FOR-WARD PAC	From	5/4/2021	То:	6/7/2021

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
CPITECH							
Mailing Address 3212 PIKE S	ST		5	4	2021	\$	585.65
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17111	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	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17011	PRINTI	NG			
To Whom Paid FRIENDS OF CHRIS GEBHARD			мо	DAY	YEAR		
Mailing Address 1451 QUEN	TIN RD BOX 248		5	10	2021	\$	10,000.00
City LEBANON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17042	CONTRI	BUTION			
Enter Crond Total of Evnand	litures en Dago 1. Do	mort Cover Dago Item D					PAGE TOTAL
Enter Grand Total of Expend	illures on Page 1, Ke	port Cover Page, Item D	'.			\$	10,905.28