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 202	210181				port ed B		CANE	IDATE		COM	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:		FOR	R-WA	ARD P	AC					•			
Street Address:	P.O. BOX 83	3														
City:	HARRISBUR	G						State:	PA			Zip Cod	le: 17	7108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPOR	T 7. X	Year 2021					IG METI CHECK				PAPER		/	DISKE	ГТЕ
Name of Office S	- Sought by Candid	late:			-			DATE	OF ELE	CTI	ИС	District Number	Office Code	Part	y Code	County Code
								МО	DAY	Y	EAR			REP		22
								1	1	2	2021		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		11 23	20	021	T	0	1	2	31	2021					
A. Amount Bro	ught Forward Fr	om Last R	leport				\$	-		12,	344.72					
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			12,	344.72					
D. Total Expend	ditures (From So	hedule II	I)				\$			11,	500.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				844.72					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV)				\$				0.00			•		
			,	٩FF	IDA	AVI	T SE	CTION	I							
PART I - If this is	s a Committee re	port, trea	surer sign he	re. I	[f th	nis is	a Can	didate	report,	cand	idate sig	ın here.				
I swear (or affirm) correct and complete		cluding th	e attached sche	dules	file	d on	paper (or by ele	ctronic n	nediun	n, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me t day of	nis	20								Signature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					<u>-</u>					Prin	ted Name	e		
My Commission Ex	-											Ema	il			
	мо	D	AY	YR					A	rea Co	de	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a ca	ndidate's	authorized Co	omn	nitte	ee, C	andida	ate sha	ll sign h	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and belief	this	poli	itical	commi	ittee has	not viola	ated a	ny provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		is									s	ignature o	of Candid	ate		
	day of						-					Drinto	d Name			
	Signatur	e					-					Finite	Haine			
My Commission Exp	-											Ema	il			
	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:	11/23/202	<u>:1</u> To:	12/31/2021
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) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

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 Ca	ındidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Commi	ttee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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	or Candidate		Rep	orting P	eriod			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL

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

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	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	(0.00

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	1			Repo	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 Sumn	nary 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:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	'			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Dame Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	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 Per	riod	
FOR-WARD PAC	From:	<u>11/23/2021</u> To:	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g 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 S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	g Period			
				Fro	om:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occu	pation			
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	ip Code(Plus 4)	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sci	nedule II, In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,								0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Repo	eporting Period		
FOR-WARD PAC From	rom <u>11/23/2021</u>	То:	12/31/2021

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF KIM WARD			М		ILAK		
Mailing Address P.O. BOX 83			12	28	2021	\$	11,500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip				
	PA	17108	CONTRI	BUTION			
							PAGE TOTAL
Enter Grand Total of Expenditure	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						