Campaign Finance Report

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

Filer Identificati	ion	2021	0181			Report		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Number : Name of Filing (Committee	e Candida	ate or L	obbyist:		Filed B	-					_			
		BOX 83		obbyisti											
Street Address:	F.O.	DOX 03													
City:	HARF	RISBURG						State:	PA		Zip Co	de: 17	108		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.	AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELECT		POST-	6.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL	REPORT	7. X	Year 2021				IG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by	Candidat	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YEAR			REP		22
								11		2 2021]	(SEE INS	STRUCTIO	ONS FOR (CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			11 23	2	021 T	0	12	3	1 2021					
A. Amount Bro	ught Forv	ward Fron	n Last R	eport			\$			12,344.72					
B. Total Monet	ary Contr	ibutions /	And Rec	eipts (Fron	n Sche	dule I)	\$			0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			12,344.72					
D. Total Expen	ditures (F	From Sche	edule II	I)			\$			11,500.00]				
E. Ending Cash	Balance	(Subtract	: Line D	From Line	C)		\$			844.72					
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le II)	\$			0.00	4				
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule I\	/)		\$			0.00					
					AFF	IDAVI	Γ SE	CTION							
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If this is	a Car	ndidate re	eport, ca	andidate sig	gn here.				
I swear (or affirm correct and compl		report, incl	uding the	e attached so	hedule	s filed on	paper	or by elect	ronic me	dium, are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed befo day of	ore me this	i	20						Signatur	e of Perso	n Submitt	ing Rep	ort	
		Signatu					-				Prin	ted Name			
My Commission E	xpires	Signatu	e								Ema	il			
		мо	D	AY	YR		-		Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nittee, Ca	andid	ate shall	sign he	re.					
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and bel	ief this	political	comm	ittee has n	ot violate	ed any provis	ions of th	e act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subso		re me this								S	ignature	of Candida	ite		
	day of						-				Printe	ed Name			
		Signature					-								
My Commission Exp											Ema	il			
	_	мо	D	AY	YR	1			Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FOR-WARD PAC From: <u>11/23/2021</u> **To:** 12/31/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period					
			From:		10	•			
				DATE			AMOUNT		
Full Name of Contributing) Committee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
						Г	PAGE TOTAL		
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00		

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

\$

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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e			orting P	eriod			
From: 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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

PART D **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	
	From:	То:

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 0.00

I

PART E **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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		1				1			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL
		iiai y i uge,	Section				\$		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	d	
FOR-WARD PAC	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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				
						То:	
				DATE		AMOU	INT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE 1	TOTAL
					4	i	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					From: To:					
·					DATE A					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption o	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period					
FOR-WARD PAC	From <u>11/23/2021</u> To				<u>12/31/2021</u>						
	DATE AMO										
To Whom Paid FRIENDS OF KIM WARD				DAY	YEAR						
Mailing Address P.O. BOX 83			12	28	2021	\$	11,500.00				
City HARRISBURG	State PA	Zip Code (Plus 4) 17108		stion of Exp IBUTION	oenditure						
							PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report (Lover Page, Item I).			\$	11,500.00				