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			Repor			CANDI	DATE		СОМ	MITTEE		LOB	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:	Ī	FOR-W	ARD	PA	.C									
Street Address:	P.O. BOX 83																
City:	HARRISBURG	i					9,	State:	PA			Zip Code: 17108					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 E PRIN			POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. X						TERMINATION Yes REPORT?			No	•	\	
report type)	ANNUAL REPORT	7.	Year 2024				ILING METHOD () CHECK ONE				PAPER DISKETT				TTE		
Name of Office S	ought by Candida	ite:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
							ı	мо	DAY	YE	AR						
							Ī	11		5	2024		(SEE IN	STRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY Y	'EAR			Ī	мо	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		9 17	20	024	ГО		10	:	21	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			601,2	223.12						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule I)	:	\$			500,0	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			:	\$		1,	101,2	223.12						
D. Total Expend	ditures (From Sch	edule II	I)			:	\$		1,	100,5	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			7	23.12						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			;	\$				0.00			•			
			,	AFF	IDAV:	IT S	EC	TION									
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. I	f this i	s a Ca	anc	didate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	dules	filed or	pape	r oı	r by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue,
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Re _l	oort		_
	Signatu	ire				_						Prin	ted Name	e			_
My Commission Ex	cpires					_		•				Ema	il				_
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omm	ittee, (Candi	ida	te shall :	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belief	this	politica	com	mit	tee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
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				-
, commission exp						_											╻┃
	МО	D	AY	YR					Area	Code		Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FOR-WARD PAC	From:	9/17/2024	<u>4</u> To:	10/21/2024
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)			\$	500,000.00
TOTAL for the Reporting) Period	(3)	\$	500,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	500,000.00

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 Ca	ndidate	R	eporting	Period		
		F	rom:		То	:
		·		DATE		AMOUNT
Full Name of Contributing Commit	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.

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)

(Exclude cont		om pontic	car commi			Jorteu	in raic	~ <i>)</i>		
Name of Filing Committee or Cand	idate			Repo	orting P	eriod				
				From	1:		To) :		
			•			DATE			AMOUNT	,
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0	0.00
City	State	Zip (Code (Plus 4)							
									PAGE TOTAL	L

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.

ame 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			Rep	orting Pe	riod			
FOR-WARD PAC			Fron	n:	9/17/2	<u>024</u> To	o:	10/21/2024
				D/	ATE			AMOUNT
Full Name of Contributor UNIVERSITY CITY HOUSING ASSOCIAT	ES			мо	DAY	YEAR	\$	500,000.00
Mailing Address P.O. BOX 1524				7	29	2024		
City BRYN MAWR	State	Zip Code (Plus	s 4)] ′	23	2027		
	PA	19010						
Employer Name				Occupat	ion			
Employer Mailing Address/Principal Plac	ce of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page,	Section	on 3.			\$	PAGE TOTAL 500,000.00

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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	Section	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	d	
FOR-WARD PAC	From:	<u>9/17/2024</u> To:	10/21/2024
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				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				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	Reportin				
FOR-WARD PAC	From	9/17	7/2024	То:	10/21/2024
		DATE			AMOUNT
To Whom Paid					

RIENDS OF DEVLIN										
Mo						DATE			AMOUNT	
State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION	To Whom Paid				МО	DAY	YEAR			
State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION	FRIENDS OF DEVLIN				FIG		12/110			
PA	Mailing Address 193	CALVERT ST			9	12	2024	\$	100,000.00	
Mo	City BRIDGEVILLE		State	Zip Code (Plus 4)	Description of Expenditure					
Mo			PA	15017	CONTRI	BUTION				
Mailing Address	To Whom Paid				МО	DAY	VEAD			
State	COMMITTEE TO ELECT	DAN LAUGHLIN			MO	DAT	ILAK			
PA	Mailing Address 461	9 AUTUMNWOOI) TRL		9	26	2024	\$	100,000.00	
MO DAY YEAR	City ERIE		State	Zip Code (Plus 4)	Description of Expenditure					
Mo			PA	16506	CONTRI	BUTION				
### Address 193 CALVERT ST 10 2 2024 \$ 100,000.00 City BRIDGEVILLE State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION	To Whom Paid				МО	DAY	YEAR			
State PA 15017 CONTRIBUTION To Whom Paid RIENDS OF JEN DINTINI Mailing Address P.O. BOX 143 To Whom Paid PA 17108 To Whom Paid PA 171	FRIENDS OF DEVLIN									
PA	Mailing Address 193	CALVERT ST			10	2	2024	\$	100,000.00	
No	City BRIDGEVILLE State Zip Code (Plus 4)					tion of Exp	enditure	•		
RETIENDS OF JEN DINTINI Mailing Address P.O. BOX 143 10 2 2024 \$ 550,000.00 City HARRISBURG State PA 17108 CONTRIBUTION FOR Whom Paid FRIENDS OF DEVLIN Mo DAY YEAR MO DAY YEAR MO DAY YEAR MO DAY YEAR FRIENDS OF DEVLIN MO DAY YEAR FRIENDS OF KIM WARD MO DAY YEAR TO Whom Paid FRIENDS OF KIM WARD MO DAY YEAR FRIENDS OF KIM WARD FRIENDS OF K		15017	CONTRI	BUTION						
### Address	To Whom Paid				МО	DAY	YEAR			
State PA	FRIENDS OF JEN DINTI	NI								
PA	Mailing Address P.O.	BOX 143			10	2	2024	\$	550,000.00	
To Whom Paid FRIENDS OF DEVLIN Mailing Address 193 CALVERT ST 10 15 2024 \$ 175,000.00 To Whom Paid FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION To Whom Paid FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION Figure 1	City HARRISBURG		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
FRIENDS OF DEVLIN Mo DAY YEAR Mailing Address 193 CALVERT ST 10 15 2024 \$ 175,000.00 State PA 15017 CONTRIBUTION FO Whom Paid FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 State PA 17108 City HARRISBURG State PA 17108 PAGE TOTAL PAGE TOTAL			PA	17108	CONTRIBUTION					
FRIENDS OF DEVLIN Mailing Address 193 CALVERT ST 10 15 2024 \$ 175,000.00 City BRIDGEVILLE State PA 15017 CONTRIBUTION FRIENDS OF KIM WARD Mo DAY YEAR FRIENDS OF KIM WARD City HARRISBURG State Zip Code (Plus 4) PA 2175,000.00 PAGE TOTAL PAGE TOTAL PAGE TOTAL	To Whom Paid				МО	DAY	YEAR			
City BRIDGEVILLE State PA 15017 CONTRIBUTION FO Whom Paid FRIENDS OF KIM WARD Mo DAY YEAR FRIENDS OF KIM WARD Mo DAY YEAR FRIENDS OF KIM WARD City HARRISBURG State Zip Code (Plus 4) Description of Expenditure PA 17108 CONTRIBUTION PAGE TOTAL PAGE TOTAL	FRIENDS OF DEVLIN				1-10	J	12/110			
FO Whom Paid FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 State PA 17108 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PA 15017 CONTRIBUTION MO DAY YEAR PA 210 19 2024 \$ 75,500.00 PAGE TOTAL	Mailing Address 193	CALVERT ST			10	15	2024	\$	175,000.00	
FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL PAGE TOTAL	City BRIDGEVILLE		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 10 19 2024 \$ 75,500.00 City HARRISBURG State Zip Code (Plus 4) Description of Expenditure PA 17108 CONTRIBUTION PAGE TOTAL			PA	15017	CONTRI	BUTION				
FRIENDS OF KIM WARD Mailing Address P.O. BOX 83 10 19 2024 \$ 75,500.00 City HARRISBURG State PA 17108 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL	To Whom Paid				MO	DAY	YEAR			
City HARRISBURG State PA 17108 PAGE TOTAL PAGE TOTAL	FRIENDS OF KIM WARD)			1-10	J	12/110			
PA 17108 CONTRIBUTION PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address P.O. BOX 83					19	2024	\$	75,500.00	
PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City HARRISBURG		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			PA	17108	CONTRI	BUTION				
	Futou Cupy d Tatal	F		Savan Dana Than D					PAGE TOTAL	
	enter Grand Total of	expenditures o	on Page 1, Report C	over Page, Item D				\$	1,100,500.00	