

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	92-2278547	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee To Elect Cody Foust							
Street Address	5204 Laurelwood Ct.							
City	Erie	State	PA	Zip Code	16506			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/01/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 MAY -2 AM 9:55 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3350.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3350.00	
D. Total Expenditures (From Schedule III)	\$	2422.99	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	927.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this <u>2nd</u> day of <u>May</u> 20 <u>23</u> <u>A. Watson</u> Signature My Commission expires <u>12/2/26</u> MO. DAY YR.	<div style="border: 1px solid black; padding: 5px;"> Signature of Person Submitting report <u>Kaysie Foust</u> Printed Name Kaysie Foust 814 Area Code 706 7479 Daytime Telephone Number </div>

Part II- If this is a report of a Candidate's Authorized Committee , candidate sign here.	
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.	
Sworn to and subscribed before me this <u>2nd</u> day of <u>May</u> 20 <u>23</u> <u>A. Watson</u> Signature My Commission expires <u>12/2/26</u> MO. DAY YR.	<div style="border: 1px solid black; padding: 5px;"> Signature of Candidate <u>Cody Foust</u> Printed Name Cody Foust 814 Area Code 730 5690 Daytime Telephone Number </div>

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Angela L. Watson, Notary Public
 Erie County
 My Commission expires December 2, 2026
 Commission number 1425503
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	92-2278547		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 250.00
All Other Contributions (Part B)			\$ 100.00
Total for the reporting period		(2)	\$ 350.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 3000.00
Total for the reporting period		(3)	\$ 3000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 0

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.

Filer Identification Number		92-2278547									
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											Amount
Full Name of Contributing Committee		Mike Kelly For Congress						Date [MM/DD/YYYY]	\$	250.00	
								04/20/2023			
House #		Street Address		PO Box 476				Date [MM/DD/YYYY]	\$		
City	Lyndora	State	PA	Zip Code	16045		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City		State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City		State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City		State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City		State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City		State		Zip Code			Date [MM/DD/YYYY]	\$			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	92-2278547
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
John Collins					04/05/2023		
House #	5275	Street Address			Wolf Rd.	Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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 over \$250.00 in the reporting period.

Filer Identification Number:	92-2278547
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City				State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	92-2278547
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Full Name of Contributor					Cody Foust		Date [MM/DD/YYYY]	\$	800.00
							03/06/2023		
House #	5204	Street Address		Laurelwood Ct		Date [MM/DD/YYYY]	\$	500.00	
							03/15/2023		
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	800.00	
							03/23/2023		
Employer Name		Davita				Occupation	Biomedical		
Employer Mailing Address / Principal Place of Business		2000 16th St Mall Denver CO							
Full Name of Contributor					Cody Foust		Date [MM/DD/YYYY]	\$	400.00
							04/17/2023		
House #	5204	Street Address		Laurelwood Ct.		Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$		
Employer Name		Davita				Occupation	Biomedical		
Employer Mailing Address / Principal Place of Business		2000 16th St Mall Denver CO							
Full Name of Contributor					Eric Vey		Date [MM/DD/YYYY]	\$	500.00
							04/23/2023		
House #	491	Street Address		Edgewood Dr.		Date [MM/DD/YYYY]	\$		
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$		
Employer Name		Erie County				Occupation	Forensic Pathologist		
Employer Mailing Address / Principal Place of Business		140 W 6th St Erie, PA 16501							
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

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.

Filer Identification Number	92-2278547
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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47	48
49	50
51	52
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55	56
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67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period (3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	92-2278547
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	92-2278547
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	92-2278547
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To Whom Paid		Desantis Signs			Date [MM/DD/YYYY]	\$	700.00
					03/10/2023		
House #	540	Street Address	West 18th St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs	
To Whom Paid		Public House			Date [MM/DD/YYYY]	\$	141.18
					03/20/2023		
House #	4575	Street Address	W. Ridge Rd.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Campaign Event	
To Whom Paid		Desantis Signs			Date [MM/DD/YYYY]	\$	400.00
					03/24/2023		
House #	540	Street Address	West 18th St		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs	
To Whom Paid		Desantis Signs			Date [MM/DD/YYYY]	\$	389.83
					03/27/2023		
House #	540	Street Address	West 18th St.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs	
To Whom Paid		GoDaddy Website Hosting			Date [MM/DD/YYYY]	\$	127.26
					04/20/2023		
House #	2155	Street Address	E. GoDaddy Way		Description of Expenditure		
City	Tempe	State	AZ	Zip Code	85284	Website Builder	
To Whom Paid		Printing Concepts			Date [MM/DD/YYYY]	\$	563.92
					04/25/2023		
House #	4982	Street Address	Pacific Ave		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Information Handouts	
To Whom Paid		Giant Eagle			Date [MM/DD/YYYY]	\$	100.80
					04/28/2023		
House #	2067	Street Address	Interchange Rd.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Stamps	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	92-2278547
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						