

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificati Number	on		1.6 2.5597.6	ort Filed E irk X)	sy C	andida	te		Com	mittee			Lobb	vist
Name of Filing (Lobbyist	Committee, Ca	ndidate or	Cody	Foust										
Street Address	ranga salah sa Salah salah sa	gradus sakar bi 1981-ya da	5204	Laurelwo	od Court			*						
City	Erie		<u> </u>		Si	tate	PA		Zip (ode:	16506			
Type of Report (Place x under r	eport type)												
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Po Primary	A SECTION OF THE SECT	Tuesday Election	5- 2 nd F Pre- Eli	A TO VISION	22. 35. 24. 15.1	0 Day Post tion	7- A	nnual	A STATE OF STREET	al 2 nd Friday lection	1 - 10 1 (200 Nov.)	ial 30 Day Election
						7	Γ		lΓ		Γ			
Date Of Election (MM/DD/YYYY)		11/07/2023	Year		202	 23	Ame Rep	endment ort		<u></u>	Term Repo	ination t		
Summary of Rec	eipts and	From Date		To Date			545.49			For	Office L	Jse Only	7/19/2	
Expenditures		2/1/2023	<u> </u>	5	/1/2023	91 C 8 27 y								
A. Amount Brou	ight Forward F	rom Last Repo	nt S	•	0		1.11200							
B. Total Moneta (From Schedule		ns and Receip	ts S		0									
C. Total Funds A (Sum of Lines A	vailable		\$		0									
D. Total Expend (From Schedule	的复数化过滤器 医甲状腺 医胆管后部		\$	2	2500.00							-		
E. Ending Cash E (Subtract Line D			Ş		0			·				Ö H	2023 MAY	
F. Value of In-Ki (From Schedule	(A) 电影·斯斯斯特特的 (1) 中華 "中国的政策	ns Received	\$	1	0							さら		
G. Unpaid Debts (From Schedule		ns	***** \$		0							SS	7	
Part 1- If this is a C	'ammittaa ranor	t transurar sign	boro If3	ille in Q Care	alialia so	lavit Se	- didat	ta cirn hara				<u> </u>	=	
i swear (or affirm)	that this report,	including the at	tached s	reguies or	vagager, is	to the	best of	f my knowled	dge and	belief tr	ue, corr	ect and comple	ţÇ,	*****
Sworn to and subs	cribed before m	e this	9	nissi mmi	real ear			0 1				2	ÇŢ	
On day of	May	_20 <i>33</i>		SSION SSION	Var P	_		Signature	of Pers	مسر on Subm	itting re	port	_	
I swear (or affirm) Sworn to and subs	Jatos Signature	<u> -</u>		num Na As	on l	<u>C</u>	ody Fo	oust	Print	ted Nam	e			
My Commission ex	151	2/2/0		S E D	ylvania Notary		14 730-5690							
Wiy Commission C	MO.	DAY Y	₹.	cember 142550	y Publ		rea Co	ode		Day	time Te	lephone Numbe	≘r	
Part II- If this is a re I swear (or affirm) amended.	eport of a Candi t that to the best	date's Authorize of my knowledg	d Comm e and be	igee, cand lighthis gol	idate shal itical gon	ll sign h mittee	ere. has no	t violated an	y provis	ions of t	he Act o	f June 3, 1937 (P.L. 13	33, NO.320) as
Sworn to and subs	cribed before m	e this												
day of_		20		٠,		_								
						_		Sig	nature	of Candid	date			
	Signature			, [Printed	d Name		· —	-	
My Commission ex	opires MO.	DAY YR.					rea Co			Dayt	ime Tele	phone Number	-	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
Strategy of the State St			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor.	7.57.93 Vál.67.13 Vál.63.13		
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)		\$	o
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		19 E	17. a
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	Pr. 13.17		
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Recover 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.

Filer Identification	Number				
		·			Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	
Committee					6 44 77 5 8 46
House #	Street Address			Date [MM/DD/YYYY]	5 7 5 8
	10.00				
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributing	100 (8-15) d The 45	Market Street Color Services (1992) Annual Color	Date [MM/DD/YYYY]	3
Committee					
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
					15 48
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Cor	ntributing	Line con Calabi	19.000000000000000000000000000000000000	Date [MM/DD/YYYY]	
Committee				14 A	
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Cor	itributing	The fact of the second second		Date [MM/DD/YYYY]	
Committee				**************************************	A
House #	Street Address	•		Date [MM/DD/YYYY]	
City	p. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	State	Zip Code	Date [MM/DD/YYYY]	>
Full Name of Cor	itributing			Date [MM/DD/YYYY]	
Committee					971 MA MA
House #	Street Address		4.4.4.4.	Date [MM/DD/YYYY]	5.0
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor	itributing			Date [MM/DD/YYYY]	
Committee					S PER S PER
House #	Street Address			Date [MM/DD/YYYY]	5
City	F 20 752 Sec. 17 (1985), 17 May	State	Zip Code	Date [MM/DD/YYYY] S	5

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.				
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	探答案的扩张的	数据5570 13 (2000 10 20 20 20 20 20 20 20 20 20 20 20 20 20	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] \$	
	Address	1 S SONS PANE MS OVER	Date [MM/DD/YYYY] \$	
Gity	State	Zip:Code	Date [MIM/DD/YYYY] \$	
Full Name of Contributor		Acta plants	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	Address	Zip Code	Date [MM/DD/YYYY] \$	Add to the contract of the con
City Full Name of Contributor	Side		Date [MM/DD/YYYY] \$	
	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:

		·		
			, ,	
Full Name of	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
Contributing Committee				
House #/ Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
			Date MM/DD/YYYY)	\$
House # Street Address			Date (Mily) DD/ (A.1)	
	The state of the s	190 A		
City :	State	Zip Code	/Date [MM/DD/YYYY]	\$
			EDATE (MINY/DD/AYAA)	\$ () () () () () () () () () (
Full Name of Contributing Committee		•	» Date (Alla/ADD/A (ELD) »	•

House # Street Address			Date [MM/DD/Y/Y/]	\$
Eity	State	Zip Code	Date [MM/DD/YYYY]	\$
			BDates (MIM/DD/AVAN)	\$
Full Name of Contributing Committee		1	spare (MIM/JOD/ 1411)	3
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	,\$
	1441		Date (MM/DD/W/A)	\$
Full Name of Contributing Committee			Date [MIW/DD/ATFIT]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
Contributing Committee				
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:

(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)			
Full Name of Contributor			Date [MM/DD/YYY] 5
ruii Name or Contributor			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
House # Street Address			Date [MM/DD/YYYY] \$
	Tecareor, accept	Part Constitution	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address /			
Principal Place of Business			
Hall Namero Consilbutos:			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Total I	State	Zip Code	Date [MM/DD/YYYY] \$
City		2ip code	
Employer Name			Occupation
Employer Mailing Address /		 	
Principal Place of Business			
Full Nameto (Contributors		<u></u>	Date [MM/DD/YYYY] \$
10 A			
House# Street Address			Date [MM/DD/YYYY]. \$
Citý	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Name			
Employer Mailing Address /			Land was an experience and the second second
Principal Place of Business			
Full Name of Contributor		<u></u>	Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] \$
House # Street Address			Date (WW/DD/1111)
Talky	State	Zip Code	Date [MM/DD/YYYY] \$
	[2,5828 e.2]		
Employer Name			Occupation
Employer:Mailing Address /		· · · · · · · · · · · · · · · · · · ·	100000000000000000000000000000000000000
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 Numb				
Full Name				
House:#	Street Address			1-4-1-
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
House:#	Street Address			l I
City		State	Zip Code	Date [MM/DD/YYYY] \$
		0.02	N. T.	
Receipt Description				
Full Name House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name House #		· · · · · · · · · · · · · · · · · ·		
City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		The second secon		
Full Name				
	Street Address			Date [MM/DD/YYYY] \$
City	·	State	Zip Code	Date (MM/,00/,1111) 3
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

Filer identification Number:			
1: UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF S	50.00 C	IR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$25	0.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3: IN-KIND CONTRIBUTION REC	EIVED-VALUE ØVER \$250:00 (FRO	M PAR	T/G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DUDING THIS REPORTING	Ś	
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)		1 ' 1	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	Š
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]	Š
Description of Contribution		I was a second s		
Full Name of Contributor			Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	\$
GIV	State	Zip Code	Date [MM/DD/YYYY]	\$ (
Description of Contribution				
Full Name of Contributor			Date [MM/DD/XYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
City .	State	Zip Gode	Date [MM/DD/YYYY]	*
Description of Contribution		[20] 法据的建筑等等	<u> </u>	
Full:Name of Contributor	29		Date [MM/DD/YYYY]	(\$)
			P April 1997	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				2.7
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

etter (gentification Number,			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ad	dress	·	Date [MM/DD/XYYY] S.
Gity	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name		1 March 1999 - December 1	Occupation (
Employer Mailing Address / Prin Place of Business	icipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Żip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Prin			Occupation Description
Place of Business	(Cipal)		of: Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	iress		Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Prin Place of Business	cipal .		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	iress		Date [MM/DD/YYYY] \$
Gity.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	2021		Occupation Description
Employer Mailing Address / Prin Place of Business	iupa		of Contribution

Statement of Expenditures

Filer identification Number:		
Sale Biochilicanon Mentoe (SS)		
ACCAMBANATE SANTAN TERMINATE ASSOCIATE CONTRACTOR AND ACCAMBANATE ASSOCIATION ASSOCIATION ASSOCIATION ASSOCIATION AND ACCAMBANATE ASSOCIATION		

To Whom Paid				Date [MM/DD/YYYY] \$ 800.00	
	Committee To Elect	Cody Foust		03/06/2023	
House # 5204	Street Address	ırelwood Ct.		Description of Expenditure	
City Erie		State PA	Zip Code 16506	Loan To Committee	
To Whom Paid	Committee To Elect (Cody Foust		Date [MM/DD/YYYY] \$ 500.00	
	120000 00000 2000 00000 00000 00000 00000 00000 00000 0000			03/15/2023 Society Description of Expenditure	16.6
House # 5204	Street Address La	urelwood Ct.		pescriptor of Experialmic	
City Erie		State PA	Zip		
To Whom Paid	Committee To Elect (Cody Foust		Date [MM/DD/YYYY]	
House # 5204	Street Address Lau	ırelwood Ct.		Description of Expenditure	
City Erie		State PA	Zip Code 16506	Loan To Committee	44 TÜL
To Whom Paid	Committee To Elect (Cody Foust	To the present of the	Date [MM/DD/YYYY] \$ 04/17/2023 400.00	
House#	Street Address			Description of Expenditure	Ú.
5204	Lau	relwood Ct.	Tark Extractive AVI		
City Erie		State PA	Zip Code 16506	Loan To Committee	
			7.5.77.2.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
To Whom Paid	•			Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$ Description of Expenditure	
	Street Address	State	Zip Code	Description of Expenditure	
House#	Street Address	State	196 V-000 (380 (37 H 366)	- 1 Marie 1 Ma	
House#	Street Address Street Address	State	196 V-000 (380 (37 H 366)	Description of Expenditure	
House # City To Whom Paid		State	196 V-000 (380 (37 H 366)	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City. To Whom Paid. House #			-Zip	Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid House # City			-Zip	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid City City	Street Address		-Zip	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$	
House # City To Whom Paid City To Whom Paid House # City	Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	

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				
Name of Creditor				Outstanding Balance of Debt
House.#	reet Address	Đ/	ATE DEBT INCURRED [MM/DD/YYYY]	
Gity		State	2(p-	-
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
	reet Address	D/	ATE DEBT INCURRED	S
			[MM/DD/YYYY]	
City Description of Debt		State	Zip Code	
Description of Debt.				
Name of Creditor		(down 2.		Outstanding Balance of Debt
House # St	reet Address	U,	ATE DEBT INCURRED [MM/DD/YYYY]	(\$)
City		State	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
House #	reet Address) - D/	ATE DEBT (NCURRED [MM/DD/YYYY]	S
City.		State	Zip	-
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
House # St	reet Addréss	DA	TE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	<u> </u>
Description of Debt				
Name of Creditor House # St	reet Address	N 62	TE DEBT INCURRED	Outstanding Balance of Debt. S
St	ect Audiess		[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				