

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Cody Foust						
Street Address		5204 Laurelwood Court						
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"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		2/1/2023	5/1/2023					
A. Amount Brought Forward From Last Report		\$	0					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0					
C. Total Funds Available (Sum of Lines A and B)		\$	0					
D. Total Expenditures (From Schedule III)		\$	2500.00					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	0					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
Affidavit Section								
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 schedules on page 2, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
<div style="display: flex; justify-content: space-between;"> <div> <p>2nd day of May 20 23</p> <p><i>A. Watson</i></p> <p>Signature</p> <p>My Commission expires 12/2/26</p> <p>MO. DAY YR.</p> </div> <div> <p><i>Cody Foust</i></p> <p>Signature of Person Submitting report</p> <p>Cody Foust</p> <p>Printed Name</p> <p>814 730-5690</p> <p>Area Code Daytime Telephone Number</p> </div> </div>								
Part II- If this is a report of a Candidate's Authorized Committee , candidate shall 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								
<div style="display: flex; justify-content: space-between;"> <div> <p>____ day of _____ 20____</p> <p>____</p> <p>Signature</p> <p>My Commission expires _____</p> <p>MO. DAY YR.</p> </div> <div> <p>____</p> <p>Signature of Candidate</p> <p>____</p> <p>Printed Name</p> <p>____ 814 _____</p> <p>Area Code Daytime Telephone Number</p> </div> </div>								

2023 MAY -2 AM 9:55
 ERIE COUNTY
 VOTER REGISTRATION

My Commission expires December 2, 2026
 Erie County
 Notary Public
 L. Watson, Notary Public
 Commission number 1425503

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
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)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
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)		
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																			
-----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

												Amount				
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: 									
--	--	--	--	--	--	--	--	--	--

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]		\$

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 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:	
------------------------------	--

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									
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									
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									
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:	
------------------------------	--

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**

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period (1) \$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period (2) \$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period (3) \$ 0

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)

\$ 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]		\$					
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:	
------------------------------	--

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				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]	\$
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		Date [MM/DD/YYYY]	\$
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		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid		Committee To Elect Cody Foust				Date [MM/DD/YYYY]		\$ 800.00	
						03/06/2023			
House #	5204	Street Address	Laurelwood 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	
						03/15/2023			
House #	5204	Street Address	Laurelwood 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]		\$ 800.00	
						03/23/2023			
House #	5204	Street Address	Laurelwood 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]		\$ 400.00	
						04/17/2023			
House #	5204	Street Address	Laurelwood Ct.			Description of Expenditure			
City	Erie	State	PA	Zip Code	16506	Loan To Committee			
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
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:	
-------------------------------------	--

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							