

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 | Committee | <input checked="" type="checkbox"/> | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | Foust for Controller | | | | |
| Street Address | 4331 Neptune Drive | | | | |
| 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) | 05/16/2023 | 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 |
| | 01/01/2023 | 05/01/2023 | |
| A. Amount Brought Forward From Last Report | \$ | 21738.08 | <p>2023 MAY -3 AM 9:32</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 6580.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 28318.08 | |
| D. Total Expenditures (From Schedule III) | \$ | 1497.62 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 26820.46 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0.00 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0.00 | |

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 or pages is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of May 20 23

Signature: Dania Fernandez

My Commission expires 4-3-27^{TF}
MO. DAY YR.

Signature of Person Submitting report: Sue Ellen Pasquale

Printed Name: Sue Ellen Pasquale

Area Code: 814

Daytime Telephone Number: 440-0343

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

3rd day of May 20 23

Signature: Dania Fernandez

My Commission expires 4-3-27
MO. DAY YR.

Signature of Candidate: Kyle Foust

Printed Name: Kyle Foust

Area Code: 814

Daytime Telephone Number: 218-3407

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Tonia Fernandez, Notary Public
 My commission expires April 3, 2027
 Commission number 1288912
 Erie County
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | | |
|------------------------------------|----------------------|--|--|
| Filer Identification Number | Foust for Controller | | |
|------------------------------------|----------------------|--|--|

| | | | |
|---|-----|----|--------|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | 130.00 |

| | | | |
|---|-----|----|--------|
| 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) | | \$ | 700.00 |
| Total for the reporting period | (2) | \$ | 950.00 |

| | | | |
|--|-----|----|---------|
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | 3000.00 |
| All Other Contributions (Part D) | | \$ | 2500.00 |
| Total for the reporting period | (3) | \$ | 5500.00 |

| | | | |
|---|-----|----|---------|
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | 0.00 |
| 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> | | \$ | 6580.00 |

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.

| | |
|-----------------------------|----------------------|
| Filer Identification Number | Foust for Controller |
|-----------------------------|----------------------|

| | | | | | | | Amount | |
|-------------------------------------|------|----------------|----|------------------|-------|-------------------|--------|--------|
| Full Name of Contributing Committee | | LPAC Erie | | | | Date [MM/DD/YYYY] | \$ | 250.00 |
| | | | | | | 04/07/2023 | | |
| House # | 120 | Street Address | | West 10th Street | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16501 | 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: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | |
|---------------------------------|------|------------------------------|----------------------|--------------------------|--------------------------|--------------------------|
| Full Name of Contributor | | Lyman Cohen | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | 03/21/2023 | | |
| House # | 4855 | Street Address | W. Ridge Road Apt 16 | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16506-1213 | Date [MM/DD/YYYY] |
| | | | | | | \$ |
| Full Name of Contributor | | BJ Mackrell | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | 03/21/2023 | | |
| House # | 633 | Street Address | Montmarc Blvd | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16504 | Date [MM/DD/YYYY] |
| | | | | | | \$ |
| Full Name of Contributor | | Alice Kurpiewski | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | 03/21/2023 | | |
| House # | 3019 | Street Address | Hazel Street | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16508 | Date [MM/DD/YYYY] |
| | | | | | | \$ |
| Full Name of Contributor | | Luigi and Sue Ellen Pasquale | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | 03/21/2023 | | |
| House # | 4331 | Street Address | Neptune Drive | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] |
| | | | | | | \$ |
| Full Name of Contributor | | David and Fran Skellie | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | 03/25/2023 | | |
| House # | 4211 | Street Address | Colonial Avenue | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] |
| | | | | | | \$ |
| Full Name of Contributor | | Raymond and Paula Reade | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | 04/11/2023 | | |
| House # | 1132 | Street Address | Chestnut Hill Drive | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| City | Erie | State | PA | Zip Code | 16509 | 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: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | | | |
|--|--------------|---|---------------|-----------------|------------|--------------------------|----|---------|
| Full Name of Contributing Committee | | IUPAT Political Action Together Political Committee | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 01/30/2023 | | |
| House # | 7234 | Street Address | Parkway Drive | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Hanover | State | MD | Zip Code | 21076 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | Greater PA Carpenters PEC | | | | Date [MM/DD/YYYY] | \$ | 1000.00 |
| | | | | | | 04/11/2023 | | |
| House # | 1803 | Street Address | Spring Street | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19130 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | Local 66 PAC Club | | | | Date [MM/DD/YYYY] | \$ | 1000.00 |
| | | | | | | 04/17/2023 | | |
| House # | 111 | Street Address | Zeta Drive | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Pittsburgh | State | PA | Zip Code | 15238-2811 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | Sheet Metal Workers Local Union 12 | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 04/28/2023 | | |
| House # | 1200 | Street Address | Gulf Lab Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Pittsburgh | State | PA | Zip Code | 15238 | 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: | Foust for Controller |
|------------------------------|----------------------|

| | | | | | | | | |
|--|------------|----------------|-----------------|----------|------------|-------------------|----|---------|
| Full Name of Contributor | | Mark Wright | | | | Date [MM/DD/YYYY] | \$ | 1000.00 |
| | | | | | | 04/11/2023 | | |
| House # | 9010 | Street Address | Route 98 | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Girard | State | PA | Zip Code | 16417-8308 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | Roger Richards | | | | Date [MM/DD/YYYY] | \$ | 1000.00 |
| | | | | | | 04/28/2023 | | |
| House # | 230 | Street Address | West 6th Street | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Erie | State | PA | Zip Code | 16507-1319 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | James Walczak | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 04/28/2023 | | |
| House # | 11804 | Street Address | old Lake Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | North East | State | PA | Zip Code | 16428-3342 | 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: | Foust for Controller |
|------------------------------|----------------------|

| | | | | | | | | |
|---------------------|--|----------------|-------|--|----------|--|-------------------|----|
| 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

| | |
|-------------------------------------|----------------------|
| Filer Identification Number: | Foust for Controller |
|-------------------------------------|----------------------|

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

| | | | |
|---------------------------------------|------------|----|------|
| TOTAL for the reporting period | (1) | \$ | 0.00 |
|---------------------------------------|------------|----|------|

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

| | | | |
|---------------------------------------|------------|----|------|
| TOTAL for the reporting period | (2) | \$ | 0.00 |
|---------------------------------------|------------|----|------|

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

| | | | |
|---------------------------------------|------------|----|------|
| TOTAL for the reporting period | (3) | \$ | 0.00 |
|---------------------------------------|------------|----|------|

| | | |
|--|----|------|
| 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) | \$ | 0.00 |
|--|----|------|

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|----------------------|
| Filer Identification Number: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | | | |
|------------------------------------|--|-----------------------|--------------|--|--------------------------|--------------------------|--------------------------|----|
| 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: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | | | |
|---|--|-----------------------|--------------|--|------------------------------------|--|--------------------------|----|
| 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: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | | | |
|---------------------|------|---|---------------------------|-----------------|-------|---|----|--------|
| To Whom Paid | | Harborcreek Township | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 02/15/2023 | | |
| House # | 5601 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16421 | deposit for picnic rental | | |
| To Whom Paid | | Harborcreek Township | | | | Date [MM/DD/YYYY] | \$ | 425.00 |
| | | | | | | 02/15/2023 | | |
| House # | 5601 | Street Address | Buffalo Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16421 | rental for picnic | | |
| To Whom Paid | | Kyle Foust | | | | Date [MM/DD/YYYY] | \$ | 274.12 |
| | | | | | | 03/16/2023 | | |
| House # | 4376 | Street Address | Depot Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16510 | reimburse filing fees, fish dinners, parade candy | | |
| To Whom Paid | | Kyle Foust | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| | | | | | | 03/26/2023 | | |
| House # | 4376 | Street Address | Depot Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16510 | reimburse Act Blue Erie Co Democratic Party | | |
| To Whom Paid | | United Way of Erie County | | | | Date [MM/DD/YYYY] | \$ | 40.00 |
| | | | | | | 03/27/2023 | | |
| House # | 650 | Street Address | East Avenue Suite 200 | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16503 | 5/11/2023 annual luncheon meeting | | |
| To Whom Paid | | Kyle Foust | | | | Date [MM/DD/YYYY] | \$ | 220.00 |
| | | | | | | 04/11/2023 | | |
| House # | 4376 | Street Address | Depot Road | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16510 | reimburse tickets for various dinners | | |
| To Whom Paid | | Erie Crawford Central Labor Council AFL-CIO | | | | Date [MM/DD/YYYY] | \$ | 50.00 |
| | | | | | | 04/17/2023 | | |
| House # | 32 | Street Address | West 8th Street Suite 502 | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16501 | ticket for 5/11/23 Awards Banquet | | |
| To Whom Paid | | Biroscak Printing Company Incorporated | | | | Date [MM/DD/YYYY] | \$ | 238.50 |
| | | | | | | 04/28/2023 | | |
| House # | 1919 | Street Address | Peach Street | | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16502 | handouts | | |

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: | Foust for Controller |
|-------------------------------------|----------------------|

| | | | | | | | |
|----------------------------|--|-----------------------|--|--|--|------------------------------------|--|
| 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 | | | | | | | |