COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed $250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST
Foust for Controller		1. X	2.	3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

~~Foust for Controller~~ Kyle Foust

STREET ADDRESS

4331 Neptune Drive

CITY	STATE	ZIP CODE
Erie	PA	16506 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	County Controller		Democratic	05	16	2023
2ND FRIDAY PRE-PRIMARY	2. X						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

DATES OF REPORTING PERIOD

MO.	DAY	YEAR	TO	MO.	DAY	YEAR
01	01	2023		05	01	2023

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?			NO	X
TERMINATION REPORT?	YES		NO	X

FOR OFFICE USE ONLY

2023 MAY -3 AM 9:31
ERIE COUNTY
VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee *or* Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 3rd DAY OF May 2023

Donna Hernandez
SIGNATURE

MY COMMISSION EXPIRES 4-3-27
MO. DAY YR.

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

SIGNATURE OF PERSON SUBMITTING REPORT

Kyle Foust
PRINTED NAME

814 AREA CODE 218-3407 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

_____ DAY OF _____ 20___

_____
SIGNATURE

MY COMMISSION EXPIRES _____
MO. DAY YR.

_____
SIGNATURE OF CANDIDATE

_____
PRINTED NAME

_____ _____
AREA CODE DAYTIME TELEPHONE NUMBER