

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 type="checkbox"/>	<input checked="" 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
	5/01/2023	06/05/2023	
A. Amount Brought Forward From Last Report	\$	927.01	<p style="text-align: center;">2023 JUN 13 AM 10:45</p> <p style="text-align: center;">ERIE COUNTY</p> <p style="text-align: center;">VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	927.01	
D. Total Expenditures (From Schedule III)	\$	0	
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 schedules, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

13th day of June 20 23
 Sonia Fernandez
 Signature

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

Kaysie J. Foust
 Signature of Person Submitting report
 Kaysie Foust
 Printed Name

814 706 7479
 Area Code Daytime Telephone Number

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 report, including the attached schedules, is true to the best of my knowledge and belief true, correct and complete. I have 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

13th day of June 20 23
 Sonia Fernandez
 Signature

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

Cody Foust
 Signature of Candidate
 Cody Foust
 Printed Name

814 730 5690
 Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Sonia Fernandez, Notary Public
 My Commission expires April 3, 2027
 Commission number 1288912
 Erie County
 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)			\$ 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		92-2278547									
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											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]	\$		
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]	\$
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- 227 8547

Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S

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				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	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							

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:	92- 2278547
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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 H)		
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- 227 8547
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Full Name of Contributor:				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Description of Contribution						
Full Name of Contributor:				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Description of Contribution						
Full Name of Contributor:				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Description of Contribution						
Full Name of Contributor:				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Description of Contribution						

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

Filer Identification Number	92- 227 8547
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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]		\$
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	92 - 227 8547
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To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	S	
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- 227 8547
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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						