Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	O.O.	-2278547		ort Filed E	Зу С	andida	ite		Committee			Lobbyist	
Number			(Ma	rk X)								-	
Name of Filing Committee, Candidate or Lobbyist Committee To Elect Cody Fou				dy Fou	st								
Street Address		· · ·	5204	Laurelwo	od Ct.								
City	Erie				S	tate	PA		Zip Code	16506		, .	
Type of Report (Place x	k under r	eport type)											
1-6 th Tuesday 2- 2 nd			I		5- 2 nd	•	6-30 C	Day Post	7- Annual	Special 2	2 nd Friday	Special 30 I	
Pre-Primary Pre-Pr	rimary	Primary	Pre-	Election	Pre- E	ection	Electio	9N		Pre-Elec		FOST-Election)!!
		\boxtimes	[
Date Of Election (MM/DD/YYYY)		11/07/2023	Yea	ſ	20	23	Repor	dment t		Termina Report	tion		
Summary of Receipts a	and	From Date		To Date	е				For	Office Use	Only		
Expenditures		5/01/2023		06	3/05/202	3							
A. Amount Brought Fo	rward F	rom Last Report	: 5	5	927.01								
B. Total Monetary Con (From Schedule I)	ntributio	ns and Receipts			0					•			1
C. Total Funds Availab	le			;	007.04		i					3	
(Sum of Lines A and B))				927.01					•			
D. Total Expenditures (From Schedule III)		\$ 0											
E. Ending Cash Balance			,	\$ 927.01			OTER REGISTR						
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received				\$									
(From Schedule II)	l I Λ 1					=		5					
G. Unpaid Debts and C (From Schedule IV)	Obligatio	ons	,		0	-				5	E E	5	
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i swear (or affirm) that the Sworn to and subscribed leady of Signature Signature	before m	e this	cu 3	Pen	ma Fo		: J		, —	A	•		
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Signatu	le .			Asso	ounty ounty	8							
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Part II- If this is a report o							ere. has not v	iolated an	v provisions of	the Act of I	ine 3. 1937	(P.L. 1333, NO.	320) as
I swear (or affirm) that to amended.	are nest	or my knowledge	and De				. was not Y	utcu att	, μιστισιστία στ	102 Of Ji	3, 2001	2000) 1107	,
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Signaturel Signature				9 3 C	ody Fou	<u>st</u>	Printed Name						
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My Commission expires	MO.	DAY YR.	_	ation	pril:	20	Area Code	<u>—</u>	Day	time Teleph	one Numbe	ır	
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<u>L</u>				Association of Notaries	- 2-	Sea					<u></u>	· · · · · · · · · · · · · · · · · · ·	

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
	١.	
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		ł
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	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	12-227	8547		-

				Amou	ınt
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
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Full Name of Co	intributing	,		Date [MM/DD/YYYY] \$	
Committee					
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	<u> </u>	,	Date [MM/DD/YYYY] \$	<u></u> -
Committee					
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Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
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Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	•
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ier in dien - Geren Breite					
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
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House #	Street Address		·	Date [MM/DD/YYYY] \$	
City	1 00 000 - 100 polysis 184	State	Zip Code	Date [MM/DD/YYYY] \$	
21 NAVA94 I		1 8 . SANDO	1 年 - B.2 -	Ph/64	

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 92-278547

Hull Name of Contributory			Date [MM/DD/AAAA]	\$
House # Street/Address			KPate[MM//DP///////]	
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(Gull Name of Contributors			Pate [MIX/JUD/MAM)]	
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(Giy)	State	₹ Z ip(cotie	Date (MIVI/DD//\Ya\\)	
Full Name of Contributo			Deta[MMNDD/MMM]	
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The state of the s	State	Zipicode	*Date [MIN/ADD/AYAW]	
SoluclaineDNociniaMillist	(Automorphis Colombia)	(Annual of the Control of the Contro	Date [MM/JDD/AAAA]	
House(I) Street Address			Date[[VIM//DD//\\\\\)	
City	State	∕∠ip;Codé).	Date [MIM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
FULLY Name of Contributor		<u>-</u>	PateliMV//PP/AAAAI	
(House)#. Street Address			pate [MM/Jop/A/A/M]	<u> </u>
Gity	State	·Zip:Gode	Date [MM//DD//YYYY]	
Full, Name of Contributor			Pate [MM/PD/AYYY]	X
House## Street Address			Date [MM/DD/MYY]	
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.

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(ilovse);;; Street/Address			Date IMM/DD/MMM S	
(बीरे)	State	Zip Gode	Pate(MIN/PD/MAM) SS	

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)

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House : Street Address	Total symptom (Chi		Date [MM/JDD/AAAM] S
(diy).	State	Zip Gode	Date (MM/DD/XXXXI)
Employer Name			(Occupation)
Employea(Mailling/Address/). Principal/Place of Business			
Hadliyemero/Contributor			Date MM/DD/AAAAA
House'# Street Address			Date MM/DD/MMM \$
(Gly)	State	Zip Code	Date [MM/DD/MyM] S
Employer Name			Occupation
EmployeriMailing/Address// PrincipaliFlaceof/Business			To co. special agencial designation of the second of the s
a ull Name of Contributor			Date [MM/DD/MMM] S
House'# Street Address		The Market Walls and Walls	Date [MM/DD/XYYY] \$
City	State:	Zip Code	Date [MM/DD/YYYY] S.
Employer Name			Occupation.
Employer Malling 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.

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City		State	Zip Code	Date MM/DD/XXXXI
Receipt Description		Jurismos eeros as sais	[(vereastrangereal ##########]	[Swedow]

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

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TOTAL for the reporting period	(1)	\$		
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TOTAL for the reporting period	(2)	\$		
L INFKIND/GONIJRIBUH JONIRE	GEWEDEVANUE(OVERKSZI	50100Y(EROMEPARIX)		
TOTAL for the reporting period	(3)	\$		
To the state of th	(2)			
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;	1 - 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

9Filer Identification Number 92-227 8597
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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House## Street Address	·	Date MM/DD/AYAA]
(fit)	State Zip Code	[Date][MM/DD/YMY]] 35
Employer/Name		(Occupation)
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House # Street Address Gity Employer Name Employer Mailing Address // Principal Place of Business	State Zjp.Gode	Date MM/DD/MM Date MM/DD/MM Date MM/DD/MM S S Date MM/DD/MM S S Date MM/DD/MM S S S S S S S S S S S S
House # Street Address Gity Employer Name Employer Vailing Address //Principal Place of Business Full/Name of Contributor	State Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] S Occupation Description Of all Contribution Date [MM/DD/YYYY] S
House # Street Address Gity Employer Name Employer Walling Address / Principal Place of Business Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description Of all Contribution Date [MM/DD/YYYY] S Date [MM/DD/YYYY]
House # Street Address Gity Employer Name Employer Vailing Address //Principal Place of Business Full/Name of Contributor Address Street Address City	State Zip Gode	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S
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SCHEDULE III Statement of Expenditures

Filer identification Number? 92 - 227 8547	1. 文文章 12 文章 1
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(di ý	State	Zip Code	
To Whom Paid			(Date [MM/,DD/,YYYY)] \$
House# Street Add			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.

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(O)DEADNOEMEN			Outstanding Balance of Debt 3.0
Sur	eel Address	DATE DEBT INCURRED [MM/DD/XYYY)	
Gity	State	(Zip Gode)	
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(disy	State	Zipiji reode	
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House# Str	eet/Address	DATE:DEBT(INGURRED	75.
City	State	Zip Code	
Description of Debt			
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Cliy	State	Zip Code	
Description of Debt 2	1,000,000,000,000,000,000	日本の政権を対象に対象を	2
Name of Creditor	et/Address	Official Co.	Outstanding Balance of Debt
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(City)	Stäte	Zip Code	
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House #	et Address	DATE DEBT INCURRED	*
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