

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification Number	Repo	rt Filed By k X)	Candida	te	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or Foust	for Controller					
Street Address	4331	Neptune Drive					
City Erie			State	PA	Zip Code	16506	 ,
Type of Report (Place x under i	report type)				Martine Committee Co		-
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3- 30 Day Post 4- 6 th Primary Pre- El	"Phalipella par soft has been a	^{id} Friday Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year			Amendment Report		Termination Report	
Summary of Receipts and Expenditures A. Amount Brought Forward F		To Date 06/05/20			For	Office Use Only	
B. Total Monetary Contributio		26820. 0.00					
C. Total Funds Available (Sum of Lines A and B)	\$	26820.	46				3
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$	312.0	0				0023 JUN 1-3
(Subtract Line D from Line C) F. Value of In-Kind Contribution	s s s s s s s s s s s s s s s s s s s	26508.				<u>o</u> E	
(From Schedule II) G. Unpaid Debts and Obligatio (From Schedule IV)	ins \$	0.00				ROLLY	AM 10: 10
			iffidavit Se				
Part 1- If this is a Committee report. I swear (or affirm) that this report.	t, treasurer sign here. if មិ including the attached នៅ	is is a Candidat e neiule €0 (Nobele	report, car. is to the	ndidate sign here. best of my knowled	ge and belief tr	ue, correct and comple	te.
I swear (or affirm) that this report, Sworn to and subscribed before m day of Signature My Commission expires MO.	$\frac{20 33}{\text{moundly}}$ $\frac{3 - 27}{\text{DAY YR.}}$	nnia Fernandez, Notary Eria County commission expires Apr commission number 12 r, Pennsylvenia Associatic	\(\frac{\si}{\rho} \)	Signature Jue Ellen Pasquale 14 Area Code	of Person Subm Printed Nam 440	aitting report	
Part II- If this is a report of a Candid I swear (or affirm) that to the best	of my knowledge and be	of this political	ommittee	ere. has not violated any	provisions of t	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended. Sworn to and subscribed before model. Aday of Junior Signature My Commission expires Mo.	<u>[c</u>	onwealth of Pennsylvania - Notary Seal onia Fernand <u>ez Notary</u> Public Erie County commission expires April 3, 2027 Commission number 1288912	ylvania Association of notations S	Sign rle foust	printed Name	date	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Foust for Controller	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT		

<u> </u>	Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committee	ees (Part A)		\$	0.00
All Other Contributions (Part B)			\$	0.00
· · · · · · · · · · · · · · · · · · ·	Total for the reporting period	(2)	\$	0.00
3. Contributions Over \$250.00 (From Part Ca	nd Part D)	\$5.14 \$4.55		
Contributions Received from Political Committe	ees (Part C)		\$	0.00
All Other Contributions (Part D)	444444444444444444444444444444444444444		\$	0.00
		/23	\$	
**************************************	Total for the reporting period	(3)	~	0.00
4. Other Receipts-Refunds, Interest Earned, R				0.00
4. Other Receipts-Refunds, Interest Earned, R			\$	0.00

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.

rie identification	Foust I	For Controller			
T2.487 65	and a second				Amount
Full Name of Co Committee	ntributing	-W		Date [MM/DD/YYYY]	\$
House #	Street Address	1		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributing	1 dj. (1 4 %)	From the manys (2)	Date [MM/DD/YYYY]	\$.
Committee					1925
House #	Street Address			Date [MM/DD/YYYY]	\$
				· · · · · · · · · · · · · · · · · · ·	10.51 18.82 18.83
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				100 m	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	(* 15 년 - 15 년
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	10 (0) \$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	S
	(1.5 (5.5 (5.5 (5.5 (5.5 (5.5 (5.5 (5.5	Γ		Date [MM/DD/YYYY]	(4) (5)
House #	Street Address			Late [ININI/DD/YYYY]	[등 등] 1550 1550
City	100 100 100 100 100 100 100 100 100 100	<u> </u>	7in Code (%)	Details and the decay	S .
City		State	Zip Code	Date [MM/DD/YYYY]	
ENTENA SE	Application of the state of	[1] 经基		Date It do a from the	[22] 3 4 0
Full Name of Cor Committee	uuting			Date [MM/DD/YYYY]	550 632 833
					** 100 1 100 1 100 1 100
House #	Street Address			Date [MM/DD/YYYY]	
		Pres	J. Sans A.		<u> </u>
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributing	PARTS	production of	Date [MM/DD/YYYY]	[645] [\$1]
Committee					1984 199
House #	Street Address	,		Date [MM/DD/YYYY]	
		1. 2.			
City		State	Zip Code	Date [MM/DD/YYYY]	j.s.
- 1945 Fell				i.	United 1

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 Contr	roller			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		Sauce to a section of	In the store of sources and		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	personage on the Christian Christian	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	ponterio estado	processes de la company de	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	 	· · ·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			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:	Foust for Controller			
Full Name of			Date [MM/DD/WYYY] \$	
Contributing Committee				
House # Stree	et Address		Date [MM/DD/YYYY] \$	
			2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
City	State	Zip Code	Date [MM/DD/YYYY] \$	###.t
City	State	zip code	Date [WW/DD/1311]	
	_			
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Stree	et Address	1 - A	Date [MM/DD/YYYY] \$	

City C	State	Zip Code	Date [MM/DD/YYYY] \$	
	State	ZIP COUE	Date (MINI/DD) (111)	
			100 A	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
contracting contracte				
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip:Code	Date [MM/DD/YYYY] \$	
	77.9			
Full Name of	10 (8) 2004		Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Stree	et Address		Date [MM/DD/YYYY] 5	
(City)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	The transport of the second	Transcontinue and continue and	Date [MM/DD/YYYY] \$	
Contributing Committee				
House# Stree			101 100 NOOR	·
nouse # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	-
		The second second		
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Stree	et Address		Date [MM/DD/YYYY] \$	
Juec	CEIII S			
		Landers of the section		
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 Identificatio	n Number: Foust for Con	itroller			
	(1) (2) (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	-			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
	in the second				
House #	Street Address			Date [MM/DD/YYYY] \$	
			N 51 24 25 - 24 1 200 N 0	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	9	[384 (60)) [3	[A1] [A2] [A2] [A2] [A2] [A2] [A2]	Occupation	
Employer Maili			*		
Principal Place Full Name of Co	ng phanging ang page against a sa an an an an ang ang againg an an			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Providence of the control of the con	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Maili	at it same same weeks	·			
Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		2.4.5	AR-CUE	Jake (MM/OO/11114	
Employer Name	Broggy (A. Christian L. Christian)	BaseA Linna and	Print (1999) (1999)	Occupation	
Employer Maili	ng Address /				
Principal Place Full Name of Co	Control Contro			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	1 (1.00 to the Part 20 Colores Act	State	Zip Code	Date [MM/DD/YYYY] \$	
	NATIONAL CONTRACTOR OF THE CON				
Employer Name	A WEST OF ELECTRIC STATES			Occupation	
Employer Maili	ng 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 Nun	Foust for Controller			!
on the second se				
Full Name				
House #	Street Address			
City:	Fig. 1.	State	ŽĺÞ Code	Date [MM/DD/YYYY] \$
Receipt Description		Her Hage Control of	Interest and Inter	17° 2×° 4
Full Name				
House #	Street Address			7,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			The second secon	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Pto German Avai	<u> Lisa Andreas I</u>	F
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			Freeze root	T I
Full Name				
House #	Street Address			
City	200 200 200 200 200 200 200 200 200 200	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 fo	or Controller		
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE C	3F \$50.00 €	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO	\$250.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250,00 ((FROM PAR	T.G)
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTION		1 1	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also e	nter	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

100	l I F	Foust for Controller	

Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	itribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	itribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
	A Carlon Carlo				
House#	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	-				
Description of Con	tribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
Karaja da					
House #	Street Address	,		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	tribution	20.00			
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
					200
House #	Street Address			Date [MM/DD/YYYY]	\$
			has been the second of		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Con	tribution				Production of the second of th
neseribagii ni (0)	CHAUCH CONTRACTOR				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	oust for Controller	

Full Name of Contributor		Date [MM/DD/YYYY] \$
	وروا المالة ا	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
	300	
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
	Programme Progra	
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Steads Address		Date IMM/DD/YYYY ST S
House # Street Address		Date [MM/DD/YYYY] \$
House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City	State Zip Code	
	State Zip Code	
City Employer Name Employer Mailing Address / Principal	State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description
City Employer Name	State Zip Code.	Date [MM/DD/YYYY] \$ Occupation
City Employer Name Employer Mailing Address / Principal	State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor.	State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	*State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor.	State Zip Code	Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City Employer Name		Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

		_	4	
Filer Identification Number	##7X.			
Tacing inditition to individual and in the contraction of the contract				
	Foust for Controller			
的复数医生物 医自然性病 化甲基酚医二甲基酚	pali odacioi oomionei			
	発展			
	35 (A)			

To Whom Paid	E1 O				Date [MM/DD/YYYY] \$			
交互存 使用吸引	Early Connections				05/06/2023			
House # 200	Street Address Wo	est 11th Street Su	ite 200		Description of Expenditure			
City Erie		State PA		ip ode 16501	sponsor golf hole for tournament			
To Whom Paid	Kyle Foust				Date [MM/DD/YYYY] \$ 187.00			
House # 4376	Street Address De	epot Road			Description of Expenditure			
City Erie	1,000,000	State PA		ip lode 16510	reimburse cost of various outings and events			
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
City		State		ip ode				
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
City		State		ip ode				
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
City		State		ip ode				
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
City		State		ip ode				
To Whom Paid					Date [MM/DD/YYYY] \$			
House #	Street Address				Description of Expenditure			
City		State		ip ode				
To Whom Paid					Date [MM/DD/YYYY] S			
House #	Street Address		- 		Description of Expenditure			
City		State		ip ode				

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.

·	· · · · · · · · · · · · · · · · · · ·		 <u> </u>
 I manufactor form and recognization of the contract of the contra		 	
Filer Identification Number:			
Trici identification isombel	•		
NAME TELEVISION (A. P. C. A. P. C. P. C. A. P. P. C. P. C. A. P. C	(f . 🙃 . f . ii		
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	dot for controller		
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[14] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			

Name of Credit	Y		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURI [MM/DD/YYYY]	
		[MIM/JO/ATTA1	
City		State Zip Code	
Description of D)ebt	The Williams Proceedings	
Name of Credite	or.		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUR	
		[MM/DD/YYYY]	
City		State Zip Code	
Description of D	lebt	For any series I	Parel
Name of Credito	or.		Outstanding Balance of Debt
. House #	Street Address	DATE DEBT INCURE [MM/DD/YYYY]	201 (200. S. M. 100 J.) (54.0 L.)
City		State Zip Code	
Description of D	eht	The state of the s	Section of the sectio
Name of Credito	or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR	(1) Add (2011年 1911年 1
		<u> </u>	
City		State Zip Code	
Description of D	ebt	Francisco Participation Control of the Control of t	[5 mag]
Name of Credito			Outstanding Balance of Debt
Name of Credito		DATE DEBT INCURR	ED \$
House#	r.	DATE DEBT INCURR	ED \$
House#	r.	[MM/DD/YYYY] State Zip	ED \$
House#	Street Address	[MM/DD/YYYY]	ED \$
House #	Street Address ebt.	[MM/DD/YYYY] State Zip	IED \$
House:# City Description of D	Street Address ebt.	State Zip Code DATE DEBT. INCURR	Outstanding Balance of Debt
House # City Description of D Name of Credito	Street Address ebt	State Zip Code	Outstanding Balance of Debt
House # City Description of D Name of Credito	Street Address ebt	State Zip Code DATE DEBT INCURR [MM/DD/YYYY] State Zip	Outstanding Balance of Debt
House #	ebt. Street Address Street Address	State Zip Code DATE DEBT INCURR [MM/DD/YYYY]	Outstanding Balance of Debt