

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed (Mark X)	By Candida	ite 🔀	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Cody Foust			W	, between	
Street Address	5204 Laurelw	ood Court				
City Erie	557,5304	State	PA	Zip Code	16506	
Type of Report (Place x under report type	2)					
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 4-6 th Tuesda 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
Date Of Election (MM/DD/YYYY) 11/07/20	O23 Year	2023	Amendment Report		Termination Report	
Summary of Receipts and From Da	te To Da	te	and a state of the	For	Office Use Only	B
Expenditures 6/15/	2023	0/23/2023				
A. Amount Brought Forward From Last R	leport \$	-2500.00				8
B. Total Monetary Contributions and Red (From Schedule I)	ceipts \$	0			First Control	25
C. Total Funds Available (Sum of Lines A and B)	\$	-2500.00				Tartons date year market market market market
D. Total Expenditures (From Schedule III)	\$	500,00	1		C)	C.T.
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3000.00	<u> </u>		al Color	ڻ ا
F. Value of In-Kind Contributions Receive (From Schedule II)		0				
G. Unpaid Debts and Obligations (From Schedule IV)	\$. 0				<u> </u>
Part 1- If this is a Committee report, treasurer	sion hara If the is a	A idavit Se	andidate sign here			
I swear (or affirm) that this report, including the Sworn to and subscribed before me this day of 2001	ne attached schedules	on paped, is to the	best of my knowled	dge and belief t	rue, correct and comple	ete.
Sworn to and subscribed before me this	ommissionings, Pennsylvania	nwe get	10 a	\subseteq	_ ,	
26 day of OGNOV 2006	233 ala		_ Cuely	. 0)	out	
Mucho (Wat	ennsylvani	of Pen Watso	Signatufe Cody Foust	of Person Subr	nitting report	
OSignature		- 00 m		Printed Nan		
My Commission expires 12 -02-	2026 . See .	nsylval nn, Not ounty	14	730	-5690	
MO. DAY	YR. 1425	nsylvania - Nin, Notary Pu ounty	Area Code	Da	ytime Telephone Numb	er
Part II- If this is a report of a Candidate's Auth	orized Committee සි	idat 🥰 🚂 l sign l	nere.		U. 4-b-£b 2 1027	(D.1. 1222 NO 220) pc
I swear (or affirm) that to the best of my know amended.	vledge and belief المجاورة الم المجاورة المجاورة الم	aditical committee	e nas not violated an	iy provisions of	the Act of June 3, 1937	(F.L. 1333, NO.320) d\$
Sworn to and subscribed before me this						
day of20	<u> </u>	_	Sig	nature of Cand	date	
Signature	— <u> </u>	_		Printed Name		
My Commission expires						
MO. DAY	YR.		Area Code	Day	time Telephone Numbe	er

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
	1079° 17° 1914		
1.Unitermized 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)		27 A 24 A)	
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)	Section 1		
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, Re Cover Page, Item B)	 ?port	\$	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.

Fuer Identification			,		
					Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	X
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			.Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	70 1 - 70 1
Full Name of Cor Committee	ntributing	The second section of the second seco	garante de la companya de la company	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 Cor Committee	ntributing	gy and an egente (#PEL)	en companyer et same	Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] S	
City	possing #8668 #85 #25	State	Zip Code	Date [MM/DD/YYYY] \$	X
Full Name of Cor Committee	ntributing	B02355-09-91	my 2000-9878-778-153	Date [MM/DD/YYYY] S	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] S	5
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] S	*** *** ***
Full Name of Cor Committee	ntributing	agraphy (Art.)	The second service (30) (37)		
House #	Street Address			Date [MM/DD/YYYY] S	\$ 27 26 26 26 26 26 26 26 26 26 26 26 26 26
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					
Full Name of Contributo				Date [MM/DD/YYYY]	\$
House# S	itreet Address	······································		Date [MM/DD/YYYY]	\$
	West Control				
City		State	Zip Code	Date [MM/DD/YYYY]	(Mai)
Full Name of Contributo				Date [MM/DD/YYYY]	\$
					
House # S	itreet Address			Date [MM/DD/YYYY]	\$
				WE WAS A LOOK OF THE REAL PROPERTY.	24
City		State	Zip Code	Date (MM/DD/XYYY)	\$
Full Name of Contributo					
ruii Name of Contributo	1				
Trees to the second		 		Date [MM/DD/YYYY]	\$
House# s	Street Address				
Chie			Zip Code	Date [MM/DD/YYYY]	\$.
Gity		State			
	1250			Date MM/DD/WWW	S
Full Name of Contributo	n			A CONTRACTOR OF THE PROPERTY O	
House # S	Street Address	,		Date [MM/DD/YYYY]	\$
1000	Ander Vaniess				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				CALIFORNIA POR COMPANIO EN DE PORTE DE LA COMPANIO DE PORTE DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANION DEL COMPANION DEL COMPANION DEL COMPANIO DEL COMPANION DEL COMPANIO DEL COMPANION	
Full Name of Contributo		constantinos de Principal	namen en manuel Esperient anni en est Esperient de Affrica de Affr	Date [MM/DD/MYY]	5
House # S	Street Address		4,000,000	Date [MM/DD/YYYY]	S
Gity	COLUMN TOWNS POSSE	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributo)r			Date [MM/DD/YYYY]) (5
House # S	Street Address			Date [MM/DD/YYYY]	\$
			·		
City	Account of the Control of the Contro	State	Zip:Code	Date [MM/DD/YYYY]	3
				1	

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:				
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	
			Date [MM/DD/YYYY] \$	
	et Address		PAYE DIMANTON (1) 11 (1)	
City	State	Zip Code	Date [MM/DD/YYYY] 5:	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House:# Stree	et Address		Date [MM/DD/YYYY] \$	
Gity .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		re-manufacturist in the control of t	Date (MM/DD/YYYY) \$	
	et Address		Date [MM/DD/YYYY] \$	
	In a second		Date [MM/DD/YYYY] 5	4
City	State	Zip Code		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et:Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	upaga yaga k
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
			Date (MM/DD/YYYY) \$	
City	State	Zip Code		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et 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 Num	nber:				
	C M-sh-28contag				
Full Name of Contrib	utor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	100000000000000000000000000000000000000	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ad					
Principal Place of Bu Full Name of Contrib	AND BROKE CO. WITH A VIST THAN A CONSTRUCTION			Date [MW/DD/NYWY]	
			,		
House #	Street Address			Date [MM/DD/YYYY] .5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bu					
KUUG DAI KIACE DEDI:	Silless				
Full Name of Contrib	and the second of the second o	······································		Date [MM/DD/YYYY] \$	
CONTROL DE MANAGEMENT DE LA CONTROL DE LA CO	and the second of the second o			Date:[MM/DD/YYYY] \$	
CONTROL DE MANAGEMENT DE LA CONTROL DE LA CO	and the second of the second o			Date [MM/DD/YYYY] \$	
Full Name of Contrib	utor	(versus)		Date [MM/DD/YYYY] \$	
Full Name of Contrib	utor	State	Zip Code		
Full Name of Contrib	utor	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib House # City Employer Name Employer Mailing Ad	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contrib House # City Employer Name	Street Address Continue	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contrib House # City. Employer Name Employer Mailing Ad Principal Place of Bu Full Name of Contrib	Street Address Street Address	State	Ztp Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$	
Full Name of Contrib House # City - Employer Name Employer Mailing Ad Principal Place of Bu	Street Address Continue	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	
House # Employer Name Employer Mailing Ac Principal Place of Bu Full Name of Contrib	Street Address Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$	
Full Name of Contrib House # City Employer Name Employer Mailing Ad Principal Place of Bu Full Name of Contrib	Street Address Street Address	State	Zip Code Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contrib House # Employer Name Employer Mailing Ad Principal Place of But Full Name of Contrib	Street Address Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	

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 Numb	ier:			
Full Name	ka se			
	Ctro	et Address		
Gity	Jue	State	Zip	Date [MM/DD/YYYY] \$
		State	Code	
Receipt Description		[2-0.00.00000]	1-5/2002001134	[Versen]
Full Name:				
House #	Stre	et Address		
Cify		State	Zip Codé	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Stree	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[C-F-2-2000-201]	Particular land	1,42%
Full Name				,
House #	Stree	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Stree	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Stree	et Address		
City		State	Zip Code	Date [MM/DD/YYY] \$
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			
1. UNITEMIZED IN KIND CONTR	IBUTIONS RECEIVED-VALUE OF \$5	0.00 €	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	SEIVED-VALUE OF \$50.01 TO \$250.	00 (FI	(OM:PARTIF)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	IVED-VALUE OVER \$250:00 (FRO)	/ PAR	I/G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		\$	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

rier mentincation number.			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY]2 S
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] . S
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] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] S
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Description of Contribution		·	
Full Name of Contributor	, 200 (200 GO) L		Date [MM/DD/YYYY] \$
House # Street Address		10 m	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		Education to the product of the prod	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:	
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 Employer Mailing Address / Principal	©Ccupation Description
Place of Business	of Contribution Date [MM/DD/YYYY] 5
Full Name of Contributor	
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 Decolors
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

Flier Identification Number:			
Filer Identification Number:			

To Whom Paid	Committee To Flori	Cody Fount	. , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	500.00
	Committee To Elect	Couy Fousi		06/29/2023	
House # 5204	Street Address La	urelwood Ct.		Description of Expenditure	i Shing ay kanala ka
City Erie		State PA	Zip Code 16506	Loan To Committee	
To Whom Paid				Date [MM/DD/YYYY) \$	
4					
House #	Street Address			Description of Expenditure	
-City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	No. 19 A december of the control of	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Principles and another section of	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] , \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
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 Identifica	tion Number:		
Name of Cre	litor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description o	if Debt	Code	
Name of Gree	ditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description o	r.Debt		[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
Name of Cre	ditor		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
City		State Zip.	
Description o	of Debt	Code	
Name of Gre		DATE DEBT: INCURRED	Outstanding Balance of Debt:
House #	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description o	if Debt		
Name of Cre House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/XYYY]	
	The state of the s	State Zip Code	
Description o			
Name of Cre House #	ditor Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
City		State Zip Code	
Description o	of Debt		