

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Foust for Controller			
Street Address	4331 Neptune Drive			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year			Amendment Report	Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/06/2023	10/23/2023	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 OCT 26 AM 11:00 ERIE COUNTY VOTER REGISTRATION </div>
A. Amount Brought Forward From Last Report	\$	26508.46	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	12904.00	
C. Total Funds Available (Sum of Lines A and B)	\$	39412.46	
D. Total Expenditures (From Schedule III)	\$	30862.35	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8550.11	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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 and exhibits, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this <u>26</u> day of <u>October</u> 20 <u>23</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-26</u> MO. DAY YR.	Affidavit Section <u>Sue Ellen Pasquale</u> Signature of Person Submitting report <u>Sue Ellen Pasquale</u> Printed Name <u>814</u> Area Code <u>440-0343</u> Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.	
I swear (or affirm) that to the best of my knowledge and belief this authorized 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 <u>26</u> day of <u>October</u> 20 <u>23</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-26</u> MO. DAY YR.	Signature of Candidate <u>Kyle Foust</u> Printed Name <u>814</u> Area Code <u>218-3407</u> Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Public
 Sue Sheffield, Notary Public
 Erie County
 My commission expires December 2, 2026
 Commission number 142443
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Foust for Controller
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	2299.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	400.00
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All Other Contributions (Part B)	\$	1805.00
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Total for the reporting period	(2)	\$	2205.00
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3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	7300.00
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All Other Contributions (Part D)	\$	1000.00
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Total for the reporting period	(3)	\$	8300.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	100.00
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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>	\$	12904.00
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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		Foust for Controller									
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										Amount	
Full Name of Contributing Committee			NFG PAPAC National Fuel Gas					Date [MM/DD/YYYY]	\$	150.00	
								06/28/2023			
House #		Street Address	PO Box 2018					Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16512			Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee			LPAC Erie					Date [MM/DD/YYYY]	\$	250.00	
								10/14/2023			
House #	120	Street Address	West 10th Street					Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16501			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:	Foust for Controller
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Full Name of Contributor		Eric and Karen Seggi				Date [MM/DD/YYYY]	\$	200.00
						07/24/2023		
House #	8710	Street Address	Oliver Road			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Thomas S Talarico Esq				Date [MM/DD/YYYY]	\$	250.00
						07/24/2023		
House #	230	Street Address	West 6th Street Suite 602			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Q Gregory and Nancy Orlando				Date [MM/DD/YYYY]	\$	100.00
						07/24/2023		
House #	4216	Street Address	Trask Ave			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Michael A Fetzner				Date [MM/DD/YYYY]	\$	100.00
						07/31/2023		
House #	4681	Street Address	Harborview Drive			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Russell Warner				Date [MM/DD/YYYY]	\$	100.00
						07/31/2023		
House #	1336	Street Address	Tower Lane			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Luigi and Sue Ellen Pasquale				Date [MM/DD/YYYY]	\$	100.00
						08/10/2023		
House #	4331	Street Address	Neptune Drive			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	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:	Foust for Controller
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Full Name of Contributor		Judith M Lynch		Date [MM/DD/YYYY]	\$	75.00
				08/21/2023		
House #	803	Street Address	Chelsea Ave	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505-3235	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Committee to Elect Chuck Nelson		Date [MM/DD/YYYY]	\$	100.00
				08/21/2023		
House #	646	Street Address	West 9th Street	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Patrick Harkins		Date [MM/DD/YYYY]	\$	100.00
				08/21/2023		
House #	2665	Street Address	Schley Street	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Joseph Maloney		Date [MM/DD/YYYY]	\$	200.00
				08/21/2023		
House #	401	Street Address	Glenruadh Avenue	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505-1732	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Theresa Fugagli		Date [MM/DD/YYYY]	\$	100.00
				08/21/2023		
House #	4285	Street Address	Knogle Rd	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Michael Wood		Date [MM/DD/YYYY]	\$	60.00
				08/21/2023		
House #	341	Street Address	Pleasant Drive	Date [MM/DD/YYYY]	\$	
City	Girard	State	PA	Zip Code	16417	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:	Foust for Controller
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Full Name of Contributor		Chris and Penny Drexel				Date [MM/DD/YYYY]	\$	120.00
						08/21/2023		
House #	2713	Street Address		Nagel Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Kenneth Gamble				Date [MM/DD/YYYY]	\$	100.00
						08/21/2023		
House #	947	Street Address		West 32nd Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16508-2501	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Robert and Sarah Oliver				Date [MM/DD/YYYY]	\$	100.00
						10/03/2023		
House #	177	Street Address		Carters Beach Rd		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511-1507	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:	Foust for Controller
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Full Name of Contributing Committee		LPAC				Date [MM/DD/YYYY]	\$	500.00
						06/28/2023		
House #	120	Street Address		W 10th Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Plumbers Local Union No 27				Date [MM/DD/YYYY]	\$	500.00
						07/11/2023		
House #	1040	Street Address		Montour West Industrial Park		Date [MM/DD/YYYY]	\$	
City	Coraopolis	State	PA	Zip Code	15108	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Greater PA Carpenters PEC				Date [MM/DD/YYYY]	\$	1000.00
						07/11/2023		
House #	1803	Street Address		Spring Garden Street		Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	19130	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Sheet Metal Workers Local 12				Date [MM/DD/YYYY]	\$	500.00
						07/14/2023		
House #	1200	Street Address		Gulf Lab Road		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		IBEW PAC Voluntary Fund				Date [MM/DD/YYYY]	\$	1000.00
						07/17/2023		
House #	900	Street Address		Seventh Street N.W.		Date [MM/DD/YYYY]	\$	
City	Washington	State	DC	Zip Code	20001	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		AFSCME Council 13				Date [MM/DD/YYYY]	\$	500.00
						07/17/2023		
House #	4031	Street Address		Executive Park Drive		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17111-1507	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
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Full Name of Contributing Committee		IW3 Political Action Committee				Date [MM/DD/YYYY]	\$	500.00
						07/31/2023		
House #	2201	Street Address		Liberty Avenue		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15222	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Friends of Teamsters 397 062018				Date [MM/DD/YYYY]	\$	500.00
						08/10/2023		
House #	1344	Street Address		E 11th Street		Date [MM/DD/YYYY]	\$	300.00
						10/14/2023		
City	Erie	State	PA	Zip Code	16503-1716	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		IUPAT Political Action Together Political Committee				Date [MM/DD/YYYY]	\$	500.00
						08/21/2023		
House #	7234	Street Address		Parkway Dr		Date [MM/DD/YYYY]	\$	
City	Hanover	State	MD	Zip Code	21076	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Western Pennsylvania Laborers 2019 PAC				Date [MM/DD/YYYY]	\$	1000.00
						08/21/2023		
House #	12	Street Address		8th Street 6th Floor		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15222	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Local 66 PAC Club				Date [MM/DD/YYYY]	\$	500.00
						10/23/2023		
House #	111	Street Address		Zeta Drive		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238-2811	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 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:	Foust for Controller
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	1000.00
Roger W Richards					07/11/2023			
House #	230	Street Address	West 6th Street			Date [MM/DD/YYYY]	\$	
City	Erie		State	PA	Zip Code	16507-1319	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:	Foust for Controller
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Full Name		Harborcreek Township									
House #	5601	Street Address		Buffalo Road							
City		Erie	State		PA	Zip Code		16421	Date [MM/DD/YYYY]	\$	100.00
									09/03/2023		
Receipt Description		return of security deposit for picnic grounds									
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:	Foust for Controller
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

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)		\$ 0.00
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Foust for Controller
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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]	\$	
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]	\$	
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]	\$	
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]	\$	
Description of Contribution								

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

Filer Identification Number:	Foust for Controller
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
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	
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	
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	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Foust for Controller
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To Whom Paid		Millcreek 4th of July Parade			Date [MM/DD/YYYY]	\$	40.00
					06/19/2023		
House #	1903	Street Address	West 8th Street PMB #250		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	entrance fee for parade	
To Whom Paid		Kyle Foust			Date [MM/DD/YYYY]	\$	710.61
					07/10/2023		
House #	4376	Street Address	Depot Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	reimburse parade candy, various events	
To Whom Paid		Holy Trinity Zabawa			Date [MM/DD/YYYY]	\$	100.00
					07/10/2023		
House #	2220	Street Address	Reed Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16503	ad for Zabawa program	
To Whom Paid		Biroscak Printing Company Incorporated			Date [MM/DD/YYYY]	\$	2204.80
					07/17/2023		
House #	1919	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	picnic post cards signs	
To Whom Paid		DeSantis Signs & Graphics			Date [MM/DD/YYYY]	\$	1106.00
					07/17/2023		
House #	540	Street Address	West 18th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502-1721	yard signs	
To Whom Paid		DeSantis Signs & Graphics			Date [MM/DD/YYYY]	\$	1166.85
					08/01/2023		
House #	540	Street Address	West 18th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502-1721	yard signs	
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 III
Statement of Expenditures

Filer Identification Number:	Foust for Controller
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To Whom Paid	Polish Falcons Nest 610	Date [MM/DD/YYYY]	\$	75.00
		08/01/2023		
House #	431	Street Address	East 3rd Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16507
				sponsor golf hole
To Whom Paid	Bite by the Bay	Date [MM/DD/YYYY]	\$	2136.96
		08/17/2023		
House #		Street Address	PO Box 35	Description of Expenditure
City	Harborcreek	State	PA	Zip Code 16421
				catering for picnic
To Whom Paid	Kyle Foust	Date [MM/DD/YYYY]	\$	1331.30
		08/21/2023		
House #	4376	Street Address	Depot Road	Description of Expenditure
City	Erie	State	PA	Zip Code 16510
				picnic supplies, reimburse events
To Whom Paid	Silk Screen Unlimited	Date [MM/DD/YYYY]	\$	69.00
		08/31/2023		
House #	1702	Street Address	West 8th Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16505
				campaign shirts
To Whom Paid	Community Access Media	Date [MM/DD/YYYY]	\$	50.00
		08/31/2023		
House #	142	Street Address	West 12th Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16501
				production fees
To Whom Paid	Biroszak Printing Company Incorporated	Date [MM/DD/YYYY]	\$	238.50
		09/18/2023		
House #	1919	Street Address	Peach Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16502
				door hangers
To Whom Paid	Silk Screen Unlimited	Date [MM/DD/YYYY]	\$	349.20
		09/26/2023		
House #	1702	Street Address	West 8th Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16505
				campaign shirts and sweatshirts
To Whom Paid	WCTL-FM Radio WZTE Radio	Date [MM/DD/YYYY]	\$	1002.00
		09/28/2023		
House #	10912	Street Address	Rt 19 N	Description of Expenditure
City	Waterford	State	PA	Zip Code 16441
				radio spots

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Foust for Controller
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To Whom Paid		MenjaErie Studio				Date [MM/DD/YYYY]	\$	3000.00
						10/04/2023		
House #	1909	Street Address	Chestnut Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	advertising production		
To Whom Paid		MenjaErie Studio				Date [MM/DD/YYYY]	\$	14775.00
						10/11/2023		
House #	1909	Street Address	Chestnut Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	advertising spots		
To Whom Paid		Gatehouse Media Pennsylvania Holdings				Date [MM/DD/YYYY]	\$	2482.13
						10/14/2023		
House #		Street Address	PO Box 630531			Description of Expenditure		
City	Cincinnati	State	OH	Zip Code	45263-0531	advertising		
To Whom Paid		Holy Trinity Roman Catholic Church				Date [MM/DD/YYYY]	\$	25.00
						10/23/2023		
House #	2220	Street Address	Reed Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16503	Guys and Gals pre-election ad		
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 Identification Number:	Foust for Controller
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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							