

## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Kyle Foust</b>						
STREET ADDRESS <b>4376 Depot Road</b>						
CITY <b>Erie</b>		STATE <b>PA</b>		ZIP CODE <b>16510</b>		
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>County Controller</b>		DISTRICT NO.	PARTY <b>Democrat</b>	DATE OF ELECTION	
					MO.	DAY
					11	07
					YEAR	
					2023	
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR		2023 OCT 26 AM 10:37 ERIE COUNTY VOTER REGISTRATION		
06 06 2023		10 23 2023				
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0.00</u>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0.00</u>						
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		2023	
26 DAY OF October			
SIGNATURE <b>Sue Sheffield</b>		SIGNATURE OF PERSON SUBMITTING REPORT <b>Kyle Foust</b>	
MY COMMISSION EXPIRES 12-02-26		PRINTED NAME <b>Kyle Foust</b>	
MO. DAY YR.		AREA CODE <b>814</b>	
		DAYTIME TELEPHONE NUMBER <b>218-3407</b>	

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL 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		SIGNATURE OF CANDIDATE	
DAY OF			
20			
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES		AREA CODE	
MO. DAY YR.		DAYTIME TELEPHONE NUMBER	