

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	92-2278547	Report Filed E (Mark X)	Sy Candida	te.	Committee	X	Lobbyist
Name of Filing Committee, (Lobbyist	Candidate or	Committee To	Elect Cody Fous	st			
Street Address		5204 Laurelwo	od Ct.				
City Erie	<u> </u>		State	PA	Zip Code	16506	
Type of Report (Place x unde	er report type)						_
1-6 th Tuesday 2- 2 nd Frida Pre-Primary Pre-Primary	ひてしきもの カーチャラン (もの)	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
				X			
Date Of Election (MM/DD/YYYY)	11/7/2023	Year	2023	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Date			For	Office Use Only	
	10/24/2023	11	/27/2023				
A. Amount Brought Forward	l From Last Report	\$,	5134.38		<u> </u>		\$·
B. Total Monetary Contribut (From Schedule I)	tions and Receipts	\$	0			جين المحتوان	2023
C. Total Funds Available (Sum of Lines A and B)		\$ [5134.38			an Share you it	2023 MOV
D. Total Expenditures (From Schedule III)		\$.	1217.12				<u>ಟ</u>
E. Ending Cash Balance (Subtract Line D from Line C	\ \frac{1}{2} \left(\frac{1}{2} \right) \ \frac{1}{2} \right(\frac{1}{2} \right) \right) \right(\frac{1}{2} \right) \right(\frac{1}{2} \right) \right) \right(\frac{1}{2} \right) \right) \right(\frac{1}{2} \right) \right) \right(\frac{1}{2} \right) \right) \right\left(\frac{1}{2} \right) \right\left(\$;	3917.26			S. C. V.	7
F. Value of In-Kind Contribut (From Schedule II)	The second of th	\$	0				···
G. Unpaid Debts and Obligation (From Schedule IV)	tions	\$	0 .			6 Ag	ಜ
Control of the Contro	entre control de la control de)26 96 97	.%Affidavit Se				
Part 1- If this is a Committee rep	ort, treasurer sign he	re. If this is a Car	ndidate report, ca	indidate sign here.	lne and helief to	rue correct and comple	ete .
I swear (or affirm) that this repo Sworn to and subscribed before	me this	S d S	4 0	best of my knowice	age una sener a		
	her 20 23	ennsylvania - Not d. Notary Public County irres December	Association	Kaupi	4 4	Others	
day of 1/ccc/11	10/10/10	d. Notary County ires Dece	- Societ -	Sknature	of Person Subm	nittingreport	
DUE THE KA	w c	ennsylvania td, Notany F County	E S	aysie Foušt	Drinted Nom		
Signature/	00 01		5 E		Printed Nam		
My Commission expires 3	-02 OG	ealth of Pe e Sheffiel Efie ission exp	Pennsylvanii 81			7479	
MO.	DAY YR.	Sue	Pennsylvani	Area Code	Day	ytime Telephone Numb	CI
Part II- If this is a report of a Can	didate's Authorized (Cornenittee, cano	hdage shall sign h	ere.	· · · · · · · · · · · · · · · · · · ·		
I swear (or affirm) that to the be amended.	est of my knowledge a	inditelief this po	liti∰l committee 	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before	me this			A .	1		
day of	20	- '	_	Sign	nature of Candi	date	
		- ¦·	<u>C</u>	ody Foust		-	
Signature		. 1	5.	4.4	Printed Name 7305	ean	
My Commission expires	DAY VE	_		14			
MO.	DAY YR.		A	Area Code	ьау	time Telephone Numbe	- 1
				<u>.</u>			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	1100	 		
Filer Identification Number				
LITEL INCITITION OF LANGING				
	92-2278547			
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经国际价格的 医动脉动脉 计自动设计的 经基本条件				i
de for for the first of the control of the form of the control of the control of		 	 	

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	.) 5	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	ţ	· [0
All Other Contributions (Part B)	15	0
Total for the reporting period (2	2) \$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	Ş	0
All Other Contributions (Part D)	7	S 0
Total for the reporting period (3	3) \$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	1) \$	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, Repor 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	n Number 92-227854	47			
	·····································				Amount
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee		_		· 2	
House #	Street Address			Date [MM/DD/YYYY]	.
	A STATE OF THE STA				2008 Very
City		State	Zip Code	Date [MM/DD/YYYY]	\$
e visto	State Production in the same of the I			<u>्</u>	
Full Name of Co Committee	intributing				\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	intributing		1996, 1991 <u>48</u> 5(2666)	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r see suite and a stall	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	10 FEEL RIP TO AREA TO STAND	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	poem from 1 (94)	e magazine trock that	Date [MM/DD/YYYY]	\$ 1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Co Committee	ntributing		[1] [2] [2] [2] [3] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Date [MM/DD/YYYY]	\$
Committee House #				Date [MM/DD/YYYY]	\$
nouse #	Street Address				
City	<u>resymptos, gazet et 21 </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		a to the state of	A CONTROL OF THE CONT	Į	To A.

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: 92-2278547		

	**			
Full-Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/XYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		beholinersteich geraft	BDate [MM/DD/MAM]	\$
House # Street Address			Date [MM/DD/YYYY]	
Сіту	State	Zip Code	Date [MM/DD/XXXX]	(\$)
Full Name of Contributor	(1985年)	1990 partition of the second s	Date (MIM/DD/AXAA)	\$
House # Street Address			Date [MM/DD/YYYY]	\$.
Gity	State	-Zip Code	Date [MM/DD/YYYY]	§
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House:#			Date [MM/DD/YYYY]	\$
City	State:	Zip Code	Date [MM/DD/YYYY]	•\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address		1.0.09	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]	S

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: 92-22	278547			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	pottokinetik	page to the second seco	Date [MM/DD/YYYY] \$	
House# Street Ad	ldress		Date [MM/DD/YYYY] \$	
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	**###################################	10000000000000000000000000000000000000	Date [MM/DD/YYYY] \$	·
House:# Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	·
Full Name of Contributing Committee	[surv 99-53,976]	k to an international or at 30 mag (200	Date [MM/DD/YYYY] \$	
House# Street Ad	86588721		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	1827年89年17月8日	The Assessment of State (State	Date [MM/DD/YYYY] *\$	
House # Street Ad			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)

File: Identification Number: 92-2278547	
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 6
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] 5
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	[100-00] in the contract materials of the contract of the cont
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:	92-2278547		
· · · · · · · · · · · · · · · · · · ·			
Full Name			
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Total Committee	
Full Name			
House # Str	eet Address	, , , , , , , , , , , , , , , , , , ,	
City	State	Zip Code	Date [MM/DD/XXXVI] \$
Receipt Description -			
Full Name			
House #- Str	eet Address		
City)	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		PESON/PEGOS/PERY	[Non-Jos
Füll Näme		• .	
House# Str	eet Address	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
City:	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Füll Name			
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Füll Name			
House # Str	eet 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 92-2278547			
1. UNITEMIZED IN-KIND CONTRIBUTION	INS RECEIVED-VALUE OF \$5	0.00 0	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED	-VALUEZOE/\$50/01/170/\$250	.00 (FF	OM-PART/F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED.	VARUEROWER \$3250X000 (FROM	/ PAR	I'G)
TOTAL for the reporting period	(3)	\$	
		,	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number: 92-2278547				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street:Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City	P25 3734353254399	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of 0	Contribution			1863	
Full Name of Co	ntributor	774		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Super Maria	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution		· · · · · · · · · · · · · · · · · · ·		,.
Full Name of Co	ntributor	#64 }		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	25
-City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name		201	Programme and an analysis of the state of th	Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution	
Full Name of Contrib	itor/			Date [MM/DD/YYYY]	\$
and the second s					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Lefens come VIV. organisation of the professional	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Add Place of Business	dress / Principal			Description of	
Place or business				Contribution	
Full Name of Contribu	itor		······································	Date [MM/DD/YYYY]	S
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
Full Name of Contribu	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
		State	Zip Code		
House #		State	Zip Code	Date [MM/DD/YYYY]	\$
House #		State	Zip Code	Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Mailing Add	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description	\$
House # City Employer Name	Street Address	State	'Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation	\$
House # City Employer Name Employer Mailing Add	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribu	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribu	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribu	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contribu	Street Address dress / Principal	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contributh House #	Street Address dress / Principal			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Mailing Adi Place of Business Full Name of Contribut House #	Street Address dress / Principal			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # City Employer Name Employer Mailing Add Place of Business Full Name of Contributh House #	Street Address dress / Principal itor Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$

Statement of Expenditures

Filer Identification Number: 92-2278547		

To Whom Paid				Date [MM/DD/YYYY] \$	
	Wegmans			11/7/2023 72.29	
House #	Street Address	5028 W Ridge Rd.		Description of Expenditure	
City Erie		State PA	Zip Code 16506	Election Night Supplies	
To Whom Paid	Quaker Steak & L	_ube		Date [MM/DD/YYYY] \$ 11/7/2023	
House #	Street Address			Description of Expenditure	
		8071 Peach St.			
City Erie	State PA Zip Code 16506			Election Night Event	
To Whom Paid ColdSpark Media			Date [MM/DD/YYYY] \$ 869.12		
(14 - 25 au l				11/13/2023	
House #	Street Address	307 Fourth Ave.		Description of Expenditure	
City Pittsburgh		State PA	Zip 152222	Informational Texts	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	,		Description of Expenditure	
City	1700-1500-1500-1500-1500-1500-1500-1500-	State	Zip Gode:		
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	The Control of the Asset Services	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	
Gity	Transference 1.00 (1	State	Zip Code	A contract of the research of the contract of	

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: 92-2278547

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Mr.			
City		State Zip. Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEST INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		[2] #27 J J J J J J J J J J J J J J J J J J J	Para in land
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt	1	######################################	Kiesch
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	N	State Zip Code	
Description of Debt	<u>.</u>		Post in
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt	20 (20) 1 (20) 2 (2) (20) 3 (2) (20) 3 (2)	[200526. 200526] P200526. [2005. 2005]	平 本學
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Section Section 2 (17 House Art 1	State Zip Code	
Description of Debt	I c		reest