

## Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b>	92-2278547	<b>Report Filed By (Mark X)</b>	<input type="checkbox"/>	<b>Candidate</b>	<input type="checkbox"/>	<b>Committee</b>	<input checked="" type="checkbox"/>	<b>Lobbyist</b>	<input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		Committee To Elect Cody Foust							
<b>Street Address</b>		5204 Laurelwood Ct.							
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506				
<b>Type of Report (Place x under report type)</b>									
<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>	
<input type="checkbox"/>	<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"/>	
<b>Date Of Election (MM/DD/YYYY)</b>		11/7/2023	<b>Year</b>	2023	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>	
<b>Summary of Receipts and Expenditures</b>		<b>From Date</b>	<b>To Date</b>		<b>For Office Use Only</b>				
		10/24/2023	11/27/2023		<div style="text-align: center;"> <p>2023 NOV 31 PM 1:53</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>				
<b>A. Amount Brought Forward From Last Report</b>		\$	5134.38						
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>		\$	0						
<b>C. Total Funds Available (Sum of Lines A and B)</b>		\$	5134.38						
<b>D. Total Expenditures (From Schedule III)</b>		\$	1217.12						
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>		\$	3917.26						
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>		\$	0						
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>		\$	0						
<b>Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</b> I swear (or affirm) that this report, including the attached schedules and annexes, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this <u>1</u> day of <u>December</u> , 20 <u>23</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-24</u> MO. DAY YR.									
<b>Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.</b> 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 day of _____, 20____ _____ Signature My Commission expires _____ MO. DAY YR.									
<b>Affidavit Section</b> <u>Kaysie J. Foust</u> Signature of Person Submitting Report Kaysie Foust Printed Name 814 7067479 Area Code Daytime Telephone Number									
<u>Cody Foust</u> Signature of Candidate Cody Foust Printed Name 814 7305690 Area Code Daytime Telephone Number									

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	92-2278547
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0
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>		\$ 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.

<b>Filer Identification Number</b>		92-2278547									
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										Amount	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>					<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>					<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>					<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>					<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>					<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		

**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
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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]	\$	
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]	\$	
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:	92-2278547
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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]	\$
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 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:	92-2278547
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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								
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								
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								
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								

## 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 #

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

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**

<b>Filer Identification Number:</b>	92-2278547
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

<b>TOTAL for the reporting period</b>	<b>(1)</b>	<b>\$</b>	
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

<b>TOTAL for the reporting period</b>	<b>(2)</b>	<b>\$</b>	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

<b>TOTAL for the reporting period</b>	<b>(3)</b>	<b>\$</b>	
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<b>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)</b>	<b>\$</b>	
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	92-2278547
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	92-2278547
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<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	92-2278547
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<b>To Whom Paid</b>		Wegmans			<b>Date [MM/DD/YYYY]</b>	\$	72.29
					11/7/2023		
<b>House #</b>		<b>Street Address</b>	5028 W Ridge Rd.		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	Election Night Supplies	
<b>To Whom Paid</b>		Quaker Steak & Lube			<b>Date [MM/DD/YYYY]</b>	\$	275.71
					11/7/2023		
<b>House #</b>		<b>Street Address</b>	8071 Peach St.		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	Election Night Event	
<b>To Whom Paid</b>		ColdSpark Media			<b>Date [MM/DD/YYYY]</b>	\$	869.12
					11/13/2023		
<b>House #</b>		<b>Street Address</b>	307 Fourth Ave.		<b>Description of Expenditure</b>		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	152222	Informational Texts	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

**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.

<b>Filer Identification Number:</b>	92-2278547
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							