

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90,500	port Filed I //ark X)	3y Ca	ndida	te	X	Committee		5. 5. 6. 6. 6.	Lobb	yist
Name of Filing Comr Lobbyist	nittee, Ca	ndidate or	Со	dy Foust		, <u>,</u>							
Street Address			520	04 Laurelwo	od Court								
City	Erie				St	ate	PA	÷	Zip Code	16506	-,		
Type of Report (Place	e x under i	report type)											
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4 Pre-Primary Pre-Primary Primary P			th Tuesday - Election	5- 2 nd Fi Pre- Ele	50.00	6- 30 Day Post Election		7- Annual	nual Special 2 nd Friday Pre-Election		100	Special 30 Day Post-Election	
							\square						
Date Of Election (MM/DD/YYYY)		11/07/202	Ye	ar	202	3	Amendme Report	nt		Termina Report	tion		
Summary of Receipt	s and	From Date		To Date	9 (5 (5))			Trans.	For	Office Use	Only.		
Expenditures		10/2 4 /2	023	11	/27/2023	<u> Maring dina</u>							gas A A A A A A
A. Amount Brought			and the second second		3000.00						75 CD	202	-
B. Total Monetary Co (From Schedule I)		ns and Rece	ipts	\$	0							AON 5202	
C. Total Funds Availa (Sum of Lines A and	в)			-3000.00									
D. Total Expenditure (From Schedule III)		en e		\$	0						6.51 from	D	
E. Ending Cash Balan (Subtract Line D fron	A Comment of the Comment			\$	3000.00								
F. Value of In-Kind Co (From Schedule II)	of the first war of the first sign	ns Received		\$	0						(1.50) 	ហ	
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$, y = 3 + 1	\$ Read Seal	026 0 sa								
	**************************************	age gelegt om kolute grige	8 30 P 48 19	Ë	oi mA颇d	avit Sec	tion						
Part 1- If this is a Comm I swear (or affirm) that I	ittee report.	t, treasurer si	gn here. I attached	f this Sa Car schedules o	n bidatie gei Toaber⊊is	oort, ca	ndidate sign h best of my kno	ere. owled	ge and belief t	rue. correct	and comple	te.	
Sworn to and subscribe			actabilea	lrë >>	하는 않		Λ.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ار ب	7			
day of DCC	em <i>b</i> er	20 <u>23</u>	3	nsylvan Notan ounty	es Dec Imber 1 Associa			βy		<i></i>			
SWS	heffe	eld_			on nu	Co	Signa dy Foust	ture o	of Person Subr		rt 	_	
Signa	ture()/	00 0	,	둁셠	ston nissi nsyl				Printed Nan				
My Commission expires	МО.	DAY	YR.	Sue	Commission Commissi nber, Pennsyl	81 A	rea Code			ytime Telep	hone Numbe	er	
Part II- If this is a report	of a Candi	date's Author	ized Com			sian he	ore ·	·····					····
I swear (or affirm) that to amended.				,				ed any	provisions of	the Act of Ju	ine 3, 1937 (P.L. 133	33, NO.320) as
Sworn to and subscribe	d before m	e this											
day of		20		• 1									
].				Sign	ature of Cand	date			
Signa	ture			.					Printed Name				
My Commission expires	MO.	DAY Y	₹.			A	rea Code		Day	time Teleph	one Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	50 95050 77 \$200	(WES	
	(1)	\$	T
Total for the reporting period	1+1	د	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	7 (2) 2 (4) 2 (4)		
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)	and the second	\$	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)			<u>.</u>
Total for the reporting period	(4)	\$	
Total for the reporting period	(4)	ڊ _ا	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, Repo Cover Page, Item B)	nort	1	o

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				
	September 1994 April 1994 St. St.				Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY] \$	<u> </u>
City	p. 200 (200 200 200 100 100 100 100 100 100 100	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	parkid with [Hu Phairin]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	a constant of the constant of
House #	Street Address			Date [MM/DD/YYYY] \$	
City	# 5 to \$500 VII 19 48	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	procenting of the Confedence o	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co Committee	ntributing	property I	e i e erekikise i I	Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	presi Syxtles	State	Zip Code	Date [MM/DD/YYYY] \$	2
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	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 Contri	butor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
				manufactura de la completa del la completa de la completa del la completa de la completa del la completa de la	
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contri	outor			Date [MM/DD/YYYY]	S
House#				Date [MM/DD/YYYY]	\$.
House #	Street Address			Pare (MM) Pol (a.ta.)	
	1,000	In the contraction	Territ Control (Company Stort August Con-)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			779		**************************************
Full Name of Contril	outor		•	Date [MM/DD/YYYY]	\$
	1.24				
House#	Street Address			Date [MM/DD/YYYY]	\$
Gity - :	All the second of the second o	State	Zip Gode	Date [MM/DD/YYYY]	\$
Full Name of Contril	outor	and the state of t		Date [MM/DD/YYYY)	15
				110033 5 W 25 1000 105 20 100 100 100 100 100 100 100 100 100	
House#	Street Address			Date [MM/DD/YYYY]	8
				Months (1997) 18 (1997) 18 (1997) 19 (1997) 19 (1997) 19 (1997) 19 (1997) 19 (1997) 19 (1997) 19 (1997) 19 (19	
City .	a second fit is easy	State	Zip Code	Date [MM/DD/YYYY]	.
City		July 1	zipeoue		
Full Name of Contril	าเกละ			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	
House#	Street Address			Date (WIW/DD/A) IT T	1
City		State	Zip Code	Date [MM/DD/YYYY]	. .
Full Name of Contrib	outor			Date [MM/DD/YYYY]	\$
				Ì	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Date of Charles and Charles and Charles	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:

Company					
Full Name of				Date [MM/DD/XYXY] \$	
Contributing Co					
House #	Street Address			Date [MM/DD/YYYY] . \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House:#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] . \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	The state of the state of the state of the state of	State	Zip Code	Date [MM/JDD/XYYY] \$	
Full Name of Contributing Co	ommittée :			Date [MM/DD/YYYY] \$	
House #	Street-Address			Date [MM/DD/YYY1] \$	
City	[201005.0.0.0007.00000	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee.			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:

Full Name of Contributor			Date [MM/DD/YYYY] \$
			, and the second se
House # Street Ad	dress		Date [MM/BD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation (
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	- 68 999-19-1		Date [MM/DD/YYYY] \$
House # Street Ad	dress		-Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$.
Employer Name	7 4 286 33 639		Occupation
Employer Mailing Address / Principal Place of Business			Programme and programme and collections
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		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 Add	dress		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.

rier identification (vum				
Full Name				
House #	Street Address			
City		State	Zjo	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		************************************		被称"
Full Name				
House#	Street Address			
City	Section 19 11 Section 19 19 19 19 19 19 19 19 19 19 19 19 19	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House:#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			COOL	
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	Date [MM/DD/YYYY] \$
		95.970	Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			- Farvacous area	[2656]

SCHEDULE !

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 CONT	(IBUTIONS RÉCEIVED-VALUE/O	F \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2: IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.01 TO S	250.00 (FR	OM PART F)
TOTAL for the reporting period	(2)	\$	0
S MINEKIND CONTRIBUTION REC	elvedavatuleoversp2501000(f	ROM PAR	G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTI		1 ' 1	·
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	irom boxes 1, 2, and 3; also en	iter	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:				
Full Name of Co	midelilo:			Date [MM/DD/YYYY] \$	
aga ng aga aga aga aga aga aga aga aga a					
House #	Street Address			Date [MM/DD/YYYY] . \$.	
City	D288.66-11-28-2-3-28-3-1	State	Zip Code	Date [MM/DD/YYYY] \$	
	lina wiele kwa magralik i berken wit wegendere de Geste in de				
Description of C	ontribution			•	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Y			74		
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	Saverace and SEP 12 August 1			Date IMM/DD/YYYYI 45	
, all the life of a					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C					
er av gades i territ	au and response of a first of				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
Union #				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution		d. matter, a consent of the first	1: 9-25:-1	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

			VALUE OVER \$250	
Filer Identification N	umber			
AND THE STATE OF T	Wingston - House A. House Co. 1			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
(House #	Street Address			Date [MM/DD/XYYY] \$
		10000-2001 (1900-20)		
Eity		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	Address / Principal			Description of Contribution
Full Name of Cont.	ributor	思		-Date[MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	parada sana sa vin ang	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Legistra reservable early proved	Occupation
Employer Mailing Place of Business	Address / Principal			Description of
	A CONTRACT TO A			Contribution
Full Name of Conti	ributor			Date [MM/DD/YYYY] \$
House#	Street/Address			Date [MM//DD/YYYYY] - \$
City	· 医克尔特氏征 (1954年) (1954年) (1954年)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing	Address / Principal	ý.		Description
Place of Business	energy and a constant			of Contribution
Full Name of Conti	ributor			Date [MM/DD/YYYY] \$
House:#	Street Address			Date [MM/DD/YYYY] \$
City	1850 September 1850 S	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	Address / Principal			Description of
	received and the second	M		Contribution

Statement of Expenditures

_						
200 T T T T T T T T T T T T T T T T T T	BY THE REP. COMPANY THE EAST DESCRIPTION OF THE PROPERTY OF TH					
File	r Identification Number:					
20 114	CHOCKETHOUGH OF CAMERINAL CO.					
PAS 15 301	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART					,
A 15.17	**発表・発音を表しては発表している。またがあれるとなり、100mmを20mmには					
3.2	The state of the s					,
47. 1889	ACT FOR A SERVICE OF THE RESERVE THE PROPERTY OF THE SERVE THE SER					
A 15 Tab. 11	A CONTRACT OF THE PARTY OF THE					7

To Whom Paid				Date [MM/DD/YYYY]	\$
n de frage de service (c.). A la companya de la					60 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
	Terriconnocimiento designaciono marcono de				
House #	Street Address			Description of Expenditu	ire Valencia problema del como
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	ire
City	Estado no superior presid	State	Zip		
To Whom Paid	,	Sec. 1991	\$ 2750 man (pr 2 7/2)	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	rre
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ire
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House#	Street Address			Description of Expenditu	ire.
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditu	ire .
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ire
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	
Name of Credito	r ·	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City Description of D		State Zip Gode
Description on D		
Name of Credito	ı c	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED
City Description of D		State Zip Code
Description of D	BOL	
Name of Credito	r	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City Description of De		State Zip Code
Name of Credito		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	ed to the second se	State Zip.
Description of De	ebt.	Landing Control of the Control of th
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of De	ebt.	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of De	ibt	