

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)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<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"/>
Date Of Election (MM/DD/YYYY)		11/07/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/2023	11/27/2023	
A. Amount Brought Forward From Last Report	\$	8550.11	<p>2023 DEC -6 PM 1:24</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	875.00	
C. Total Funds Available (Sum of Lines A and B)	\$	9425.11	
D. Total Expenditures (From Schedule III)	\$	6213.78	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3211.33	
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 attachments, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this 6 day of December 20 23 Sue Sheffield Signature My Commission expires 12-02-26 MO. DAY YR.		Notary Seal Commonwealth of Pennsylvania Sue Sheffield, Notary Public Erie County My commission expires December 2, 2026 Commission number 1424443 Member, Pennsylvania Association of Notaries		Signature of Person Submitting report Sue Ellen Pasquale Printed Name 814 440-0343 Area Code Daytime Telephone Number	
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Part II- If this is a report of a Candidate's Authorized Committee, candidate's authorized committee 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 6 day of December 20 23 Sue Sheffield Signature My Commission expires 12-02-26 MO. DAY YR.		Notary Seal Commonwealth of Pennsylvania Sue Sheffield, Notary Public Erie County My commission expires December 2, 2026 Commission number 1424443 Member, Pennsylvania Association of Notaries		Signature of Candidate Kyle Foust Printed Name 814 218-3407 Area Code Daytime Telephone Number	
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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)	\$ 75.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	300.00
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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>	\$	875.00

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										
												Amount
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 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					Raymond and Paula Reade		Date [MM/DD/YYYY]	\$	100.00
							11/03/2023		
House #	1132	Street Address	Chestnut Hill Drive			Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Thomas Carney		Date [MM/DD/YYYY]	\$	100.00
							11/10/2023		
House #	1012	Street Address	Schenley Drive			Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16505-4738	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Kevin Ireson		Date [MM/DD/YYYY]	\$	100.00
							11/15/2023		
House #	870	Street Address	Hartley Road			Date [MM/DD/YYYY]	\$		
City	Fairview	State	PA	Zip Code	16145	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		Greater PA Carpenters PEC				Date [MM/DD/YYYY]	\$	500.00
						10/27/2023		
House #	1803	Street Address	Spring Street			Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	19130	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:	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]		\$	
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							
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**

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			Date [MM/DD/YYYY]		\$	
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			Date [MM/DD/YYYY]		\$	
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			Date [MM/DD/YYYY]		\$	
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			Date [MM/DD/YYYY]		\$	
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	Kyle Foust				Date [MM/DD/YYYY]	\$	895.79
	10/26/2023						
House #	4376	Street Address	Depot Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	reimburse various outings	
To Whom Paid	Biroscak Printing Company Incorporated				Date [MM/DD/YYYY]	\$	119.25
	10/31/2023						
House #	1919	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	handouts	
To Whom Paid	MenjaErie Studio				Date [MM/DD/YYYY]	\$	3000.00
	10/31/2023						
House #	1909	Street Address	Chestnut Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	advertising	
To Whom Paid	Kevin Foust				Date [MM/DD/YYYY]	\$	300.00
	11/09/2023						
House #	1036	Street Address	West 10th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	construction and put up and take down signs	
To Whom Paid	Keith Foust				Date [MM/DD/YYYY]	\$	150.00
	11/09/2023						
House #	8677	Street Address	East Lake Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	construction and put up and take down signs	
To Whom Paid	Ken Foust				Date [MM/DD/YYYY]	\$	100.00
	11/09/2023						
House #	8467	Street Address	East Lake Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	construction and put up and take down of signs	
To Whom Paid	Paul Foust				Date [MM/DD/YYYY]	\$	50.00
	11/09/2023						
House #	1036	Street Address	West 10th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	construction and put up and take down signs	
To Whom Paid	Kyle Foust				Date [MM/DD/YYYY]	\$	1054.47
	11/09/2023						
House #	4376	Street Address	Depot Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	election night party expenses	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Foust for Controller
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To Whom Paid		James Thompson				Date [MM/DD/YYYY]	\$	90.00
House #		833		Street Address		Rankine Avenue		
City		Erie		State		PA		Zip Code
						16510		Description of Expenditure
								lumber for signs
To Whom Paid		Gatehouse Media Pennsylvania Holdings Inc				Date [MM/DD/YYYY]	\$	454.27
House #				Street Address		PO Box 630531		
City		Cincinnati		State		OH		Zip Code
						45263-0531		Description of Expenditure
								advertising
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure

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							