Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: 1	his re	port mus	t be clear an	d legible.	It shou	uld be typed	l)			
Filer identification				ort Filed B ark X)	y Candida	jte .		Committee		X	Lobb	yist
Name of Filing C Lobbyist	ommittee, Ca	ndidate or		for Control	ler							
Street Address			4331	Neptune D	rive							
City	Erie	<u> 1868 - Sapangan Santanan Sapa</u>	•		State	PA		Zip Code	16506			
Type of Report (Place x under i	report type)			· · · · · · · · · · · · · · · · · · ·							
1-6 th Tuesday	2- 2 nd Friday	3- 30 Day Pos	4-6 th	Tuesday	5- 2 nd Friday	6- 30 Da	y Post	7- Annual	Special 2	nd Friday	Speci	al 30 Day
	Pre-Primary	Primary .	1 % 1 A 1	Election	Pre- Election	Election			Pre-Elect	ion	Post-	Election
							r chaz'			Territorio del 1940		
Date Of Election (MM/DD/YYYY)		05/21/2019	Yea		2019	Amendn Report	nent		Termina Report	noil		
Summary of Rec	eipts and	From Date		To Date				For	Office Use	Only		
Expenditures		02/19/2019	13/24	05/	/05/201 9							
A. Amount Brou	ght Forward F	, ,			·		<u> </u>		19.19.114 (He)	u ruh gödö. *##	\triangleright	
B. Total Moneta			7	<u> </u>	0.00	1				(C)	N.CO	
From Schedule		iis anu neceipi		'] 7	000.00							
C. Total Funds A	3、"我要性别主要的特别"等的研究。		•	7	000.00					76 26	င်္ဘ	ΥA
(Sum of Lines A a D. Total Expendi	10 10 10 10 10 10 10 10 1	and the second seco	y . \$	5	-	ſ				P 25 45 40		100
(From Schedule	A T. C. CONT. A. C. C. S. C. C.			4	071.64					37	JON TOTAL	
E. Ending Cash B (Subtract Line D			\$	5 z	928.36						Ö	
F. Value of In-Kir	d Contributio	ns Received	5	5	20 54	1						
(From Schedule G. Unpaid Debts	. 7		\$		28.54							
(From Schedule I	- 2016年 - 14 - 145円 (1 × 1		٦	1	0	ľ						
					Affidavit Se							ي کے
Part 1- If this is a Co I swear (or affirm) 1								ge and belief t	ue, correct a	and comple	te.	PLDIIC PLDIIC
Sworn to and subso								\1				NSY lary unty
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Kmby	W DY	lleverd	<u>.</u>	-	<u>S</u> ı	Sig ie Ellen Pasc	nature Juale	of Person Subm	itting repor			H OF Xander rie, Eric
2	igrature		^					Printed Nam	e			TARIAI lexand Erie, E
My Commission ex		31 20	9		_	[4	_ ·		0536			MONWEALT NOTA erly S. Alex City of Erl
	MO.	DAY YR.			,	Area Code		Day	time Teleph	one Numbe	er	
Part II- If this is a re I swear (or affirm) t							ated any	provisions of	the Act of Ju	ne 3, 1937 (P.L. 133	Σ ü
amended.						^						I
Sworn to and subso	ribed before me	e this				()	<i>A</i> .	1 1	•		≤	19
day of	May	20	_	1	_		<u>لم</u> رّب	7/10	1-1-		×	Public 1 201
Kimber	2 Da	lexade	<u> </u>		<u>K</u> y	le Foust	Kylo	ature of Candi	aate			AL lotary l
S	ignature	_		٦,			, [-	Printed Name			Ĭ,	N S S S
My Commission exp		31 2019	<u> </u>			14	_	899-4			5	1 7 6 5
	MO.	DAY YR.			,	Area Code		Dayt	ime Telepho	ne Numbei	•	
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												Kimb

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
Filer Identification Number	
■ 7 Section 1997 Section 1997 Fourt for Controller	
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보는 그런 도착 보고 있다는 보고 된다. 그 전에는 그 보다 그는 그런 모 이면 보다 보고 있다.	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	1.79	956.PT	
1. Ontermized Contributions and Receipts-550.00 of tess per Contributor			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	500.00
All Other Contributions (Part B)	···	\$	0.00
Total for the reporting period	(2)	\$	500,00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	6500.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period	(3)	\$	6500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
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, Rep Cover Page, Item B)	port	\$	7000.00

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 to	or Controller				
						_	Amount
FOR THE ALE STATES OF THE	e of Contribu	[1] 《阿克姆斯]			Date [MM/DD/YYYY]	\$	250.00
Committee	3 e	Plumbe	ers Local Union No 27		03/28/2019		250.00
House #		Street Address	<i>i</i>		Date [MM/DD/YYYY]	\$	<i>i</i>
	1040		Montour West Indus	atrial Park			
City		Paralleline of the	State	Zip Code	Date [MM/DD/YYYY]	\$	
	oraopolis		PA	15108			
18 8 18 A A C 18 C 18 C 18 C 18 C 18 C 1	e of Contribu	ting			Date [MM/DD/YYYY]	\$	
			Metal Workers Local U	nion 12	04/18/2019		250.00
House #		Street Address	į.		Date [MM/DD/YYYY]	\$	
	1200	[Markey]	Gulf Lab Road				
City	<u> </u>	Professional Control	State	Zip Code	Date [MM/DD/YYYY]	\$	5
	ttsburgh		PA	15238		12.00	
Full Name	of Contribut	iting	[7,270]	In the second second	Date [MM/DD/YYYY]	\$	
Committee		J 10 TV 10 J				1.20	
House #	<u> </u>	Street Address	<u>a </u>		Date [MM/DD/YYYY]	\$	A .
	.1				Carried and an array of the state of the sta		
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
					<u> </u>		
Full Name	of Contribut	ting	The settle of the last	And Park to the Control of the Contr	Date [MM/DD/YYYY]	\$	
Committee	化二氢氯化氯化甲基甲基 医电子				The special control of the second control of		
House #	Associated Commission	Street Address	i		Date [MM/DD/YYYY]	\$	
	í '		4				<u> </u>
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
					Magazitta terresigna et de militare estado que		
Full Name	of Contribut	ting	1 (10,00)	Topological states	Date [MM/DD/YYYY]	\$	
Committee	さいだん こうせん ほうし						
House #		le- address	Τ		Date [MM/DD/YYYY]	\$-	
Nouse m	ı '	Street Address	1		nere limit and an ele-	18.40° 2000	.]
	<u></u> !		1 22 2		The board	<u> </u>	1
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
C. II Mame	of Contribut	eta-adila d	194, 19476	A STEATER DEEP	Date [MM/DD/YYYY]	ि	
Full Name of Committee		ang			» Date fixinal not 12 13	\$	
House #	<u> 178 - 200 - 3</u> 1	Street Address		And the second s	Date [MM/DD/YYYY]	\$	1
	, J		1		197		
City			State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
			June	ZIP COUE	nate Limit not		
							1

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		
Section Control Contro	:	

Full Name of Co	Intributor			Date [MM/DD/YYYY]	
Service States					
House #	Street Address			Date [MM/DD/YYYY]	
				Market and Part and the Part an	
City		State	Zip Code	Date [MM/DD/YYYY]	S
City	ļ.	State	Zip code	Pare listed and its	
Full Name of Co	L.		\$ \$ \$28 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Date [MM/DD/YYYY]	Tare
Full Name of Co	ntrioutor			Uate (Willing DU) 11	5 S
ekilen distablik di karatik Kalendari					
House #	Street Address			Date [MM/DD/YYYY]	*
City	- I was to the space of a vision of	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	intributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	S
	Street Address				
en e		9 m2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	F 200 200 200 200 200 200 200 200 200 20		(1.7 m) (1.7 m) (1.7 m) (1.7 m) (1.7 m)
City	8	State	Zip Code	Date [MM/DD/YYYY]	\$
	ģ	10 10 W			William Co.
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address		**************************************	Date [MM/DD/YYYY]	\$
				A STATE OF THE PARTY OF THE PAR	
City		State:	Zip Code	Date [MM/DD/YYYY]	(
		State		(MA) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Full Name of Co	rectange:	3(330) A3(73)	"特别的人"。"我们是一个人的。"	Date [MM/DD/YYYY]	
	Takes to the second of the second	· · · · · · · · · · · · · · · · · · ·			Na. As
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
######################################		1.2			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
The state of the s					
House #	Street Address	-		Date [MM/DD/YYYY]	\$
				(公司·安定代表)(1995年)(1995年)(1995年)(1995年)(1995年)(1995年)	
		87 美 名信息 查说(6			
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
	11	4994 5			

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	

Full Name of				Date [MM/DD/YYYY]	\$ [
Contributing Co	mmittee Friends of Kyl	e Foust		03/23/2019	5000.00	
House #	Street Address			Date [MM/DD/YYYY]	5	
3823	S	tation Road				
City	NORTH 194 194 195 195 195 195 195 195 195 195 195 195 195 195 195 195 195	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA PA	16510			
Full Name of		en grade den men ge	particular contraction	Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee Local 66 PAC (Club		03/29/2019	1000.00	
House#	Street Address			Date [MM/DD/YYYY]	S	
111	z	eta Drive				
City		State	-Zip Code	Date [MM/DD/YYYY]	5	
Pittsburg	h	PA	15238-2811			
Full Name of		Teaching self (≥ 0.4)	The rest to take opposite to be able a file of \$1.	Date [MM/DD/YYYY]		
Contributing Co	mmittee AFSCME Coun	cil 13 PAC		04/17/2019	500.00	
House #	Street Address	······································		Date [MM/DD/YYYY]	\$	
4031	MINE WAR TO THE TOTAL OF THE TO	xecutive Park Drive		A CONTROL OF THE PROPERTY OF T		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Harrisbur	ğ	PA	17111-1507	And the state of t		
Full Name of		Transmission (Case)	Personality of the state of the	Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zîp Code	Date [MM/DD/YYYY]	\$	
				<u></u>		
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address		······································	Date [MM/DD/YYYY]	\$.	
City	ACEL ALEXT TO A TENTON	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of		•	•	Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
						İ
City _		State	Zip Code	Date [MM/DD/YYYY]	\$	
				The state of the s		
848200A		400 Carin			(W	

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)

 		

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
		The state of the s	
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	Freeholdstore # DP -		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			200 to 100 to 10
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	Part, or age, a	1-14/5/2011	Occupation
Employer Mailing Address /			La Mario Company and Caralla
Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

and the second		Foust for Controller	
Full Name	A SOME LE		
	-3.40		
House #	Stre	reet Address	
City		State Zip Date [MM/DD/YYYY] \$	
Receipt Description			
Full Name			
House #	Stre	eet Address	
City		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description			
Full Name			
House #	Stre	eet Address	
City		State Zip Date [MM/DD/YYYY] \$	
Receipt Description		[270-271 270-271 1 1 1 1 1 1 1 1 1	
Full Name	3.555		,
House #		eet Address	
City		State Zip Date [MM/DD/YYYY] \$	
Receipt Description	100.01		
Full Name			
House #	Stre	eet Address	
City		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description	egenera. Marija		
Full Name			
House #	Stre	eet Address	
Cirý		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description	SA SS		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

r Controller		
BUTIONS RECEIVED-VALUE OF \$5	50.00	OR LESS PER CONTRIBUTOR
(1)	\$	28.54
REIVED-VAIUIE/OF/\$50/01/10/\$25() 00 (F	ROM:PART.FI
(2)	\$	0.00
IVED-VALUE OVER \$250:00:IERO	M.PAI	₹ G
(3)	\$	0.00
ONS DURING THIS REPORTING	1 .	
TOTA DOXES 1, 2, and 3, also enter		28.54
	(1) EIVED-VALUE OF \$50,01 TO \$250 (2) IVED-VALUE OVER \$250.00 (FRO	(1) \$ SEIVED-VALUE OF \$50:00 (CC) SEIVED-VALUE OF \$50:01 TO \$250:00 (FC) SEIVED-VALUE OVER \$250:00 (FROM PARK) SEIVED-

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

·	 	

Filer Identification Number:		
SPICES BENCH KATION NUMBER AND		
and the control of th		
Poust for Controller		

		-:-			
Full Name of Contribu	itor			Date [MM/DD/YYYY]	S
House#				Date [MM/DD/YYYY]	
nouse#	Street Address			«Date (MM/GD/1/11)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	3
	40 ST 6 40 E				W
	resident at a			Date [MM/DD/YYYY]	(1882)
City		State	Zip Code	Date [MINI/DD/14141]	\$
Description of Contrib	oution		Service manufactor and analysis	<u>J</u>	Market 1
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
Spice decided that the first of a	100				
	100				######################################
House #	Street Address			Date [MM/DD/YYYY]	**
City		State	Zip Code	Date [MM/DD/YYYY]	
		Julie			
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	S
and the second s	- P				
House #	Street Address			Date [MM/DD/YYYY]	
	Constant Constant				
		State	Zip Code	Date [MM/DD/YYYY]	8
City		Judie	ZIP CORE	Pare limin/nn/10111/	
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				The second series are series in the second series of the second s	
St. Commission	1		5555		
House #	Street Address			Date [MM/DD/YYYY]	S
		Process Statement (S)	TO LEADING THE DAYLE OF THE TOWN		
City		State	Zip Code	Date [MM/DD/YYYY]	
		a Maria de Carlos de Carlos	دودي المعاولين		
Description of Contrib	oution	CALLED TO STATE OF THE STATE OF	- 135- 15-3-3-3-4-4-4		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contrib	utor		<u> </u>	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
		1-1705, %- 6-1	I - Mile Per Compagnition of I	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			A 125 (19)	Occupation
CONTRACTOR STATE	u za			To restaura the second
Employer Mailing Ad Place of Business	iaress / Principal			Description of Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ad Place of Business	ldress / Principal			Description of
rrace or business				Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #				Date [MM/DD/YYYY] \$
nouse #	Street Address			Jale (MIN), JOY, (1)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		ACT OF THE		Occupation Section Sec
Employer Mailing Ad	drace / Dringlant			Description
Place of Business	uress / Ermupar			of
				Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] .\$
Employer Name	51	- 1 - 2 9 7 8 8 8 8 F	participation is surviving at	Occupation
Employer Mailing Ad	dress / Principal			Description
Place of Business		I		of Contribution

Statement of Expenditures

Filer Identification Number:	uš			
Carlot Control of the Artificial Control of the	Foust for Controller			
经股票的工作,但是是由于企业的企业的企业	Touse for Controller			
The real professional and there was taken being	64			

To Whom Paid						Date [MM/DD/YYYY]] \$	
en Metallen i de la composition de la c La composition de la	Desantis Signs and ra	phics Inc				03/26/2019	160	1500.00
House # 540	Street Address W	est 18th St	treet			Description of Expend	liture	All the state of t
City		State		Zip				
Erie			PA	Code	16502-1721	Deposit for yard signs		
To Whom Paid	Erie County Democra	tic Darty				Date [MM/DD/YYYY]	_ \$	Per Control of the Co
are the second of the second	Erie County Democra	iic raity				04/03/2019	1,450	300.00
House #	Street Address	D Box 1184	ļ			Description of Expend	iture	
City Erie		State	PA	Zip Code	16512	Access to voter database		
To Whom Paid		100000000000000000000000000000000000000	. 4	110 100 100 100 100 100 100 100 100 100		Date [MM/DD/YYYY]	\$	is and the second secon
No. (1980) Sec. (1981)	Erie County Democra	ctic Party				04/09/2019		100.00
House #	Street Address PC	Box 1184		4.2		Description of Expend	iture	
City Erie		State	PA	Zip Code	16512	Advertisement	-	
To Whom Paid				171711111111111111111111111111111111111		Date [MM/DD/YYYY]	\$	
Barrana (1965) Karangan	Erie Crawford Commu	inity Servic	e Committee			04/09/2019	7.2	100.00
House # 32	Street Address West 8th Street Suite 604				Description of Expend	iture		
City Erie	State PA Zip Code 16501			16501	Advertisement			
To Whom Paid						Date [MM/DD/YYYY]	\$	
	Kyle Foust					04/10/2019		140.00
House # 524	Street Address Bo	yer Road				Description of Expend	lture	
City Erie		State	PA	Zip Code	16511	filing fee and ticket reimbu	irsmei	nts
To Whom Paid			- "			Date [MM/DD/YYYY]	\$	
	Desantis Signs and Gr	aphics				04/19/2019		1483.40
House # 540	Street Address W	est 18th St				Description of Expend	iture	
City Erie		State	PA	Zip Code	16502-1721	balance due for yard signs		
To Whom Paid	Decemble Sizes and S	Li				Date [MM/DD/YYYY]	\$	1250.22
* 1, 2	Desantis Signs and Gr	apnics				04/19/2019	J. P.	358.23
House # 540	Street Address West 18th Street			Description of Expend	iture			
City Erie		State	PA	Zip Code	16502-1721	vehicle signs and campaigr	ı badg	es
To Whom Paid	K I E	*******************************				Date [MM/DD/YYYY]	\$	
	Kyle Foust					04/19/2019		90.01
House # 524	Street Address	yer Road				Description of Expend	iture	
City Erie	<u> </u>	State	PA	Zip Code	16511	reimbursement for cable s	pot, di	inners and lunch

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.

		 كالمسابد المستسلام	
Filer Identification Number:			,
Filer identification number:			
Foust for Controlle			
Foust for Controller	Г		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
		F. The Control of the	
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]	•
	State		
City	and the state of t	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zjp	
Description of Debt		Code	
e e e e e e e e e e e e e e e e e e e			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zig Code	
Description of Debt		COME	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: Foust for Controller	

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date (MM/DD/YYYY) \$
Street Address		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
and the second s		
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	774	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	The company of the co	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	. 41	Description