

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/19/2019	05/05/2019	
A. Amount Brought Forward From Last Report	\$	0.00	2019 MAY -8 AM 9:01 KA ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	7000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	7000.00	
D. Total Expenditures (From Schedule III)	\$	4071.64	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2928.36	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	28.54	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8th day of May 20 19

Kimberly S. Alexander

Signature

My Commission expires 10 31 2019

MO. DAY YR.

Sue Ellen Pasquale

Signature of Person Submitting report

Printed Name

814 833-0536

Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall 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

8th day of May 20 19

Kimberly S. Alexander

Signature

My Commission expires 10 31 2019

MO. DAY YR.

Kyle Foust

Signature of Candidate

Printed Name

814 899-4519

Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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)	\$	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 <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>		\$	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 for Controller									
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										Amount	
Full Name of Contributing Committee				Plumbers Local Union No 27				Date [MM/DD/YYYY]	\$	250.00	
								03/28/2019			
House #	1040	Street Address		Montour West Industrial Park				Date [MM/DD/YYYY]	\$		
City	Coraopolis			State	PA	Zip Code	15108	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				Sheet Metal Workers Local Union 12				Date [MM/DD/YYYY]	\$	250.00	
								04/18/2019			
House #	1200	Street Address		Gulf Lab Road				Date [MM/DD/YYYY]	\$		
City	Pittsburgh			State	PA	Zip Code	15238	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					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:	Foust for Controller
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Full Name of Contributing Committee		Friends of Kyle Foust				Date [MM/DD/YYYY]	\$	5000.00
						03/23/2019		
House #	3823	Street Address	Station Road			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Local 66 PAC Club				Date [MM/DD/YYYY]	\$	1000.00
						03/29/2019		
House #	111	Street Address	Zeta Drive			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238-2811	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		AFSCME Council 13 PAC				Date [MM/DD/YYYY]	\$	500.00
						04/17/2019		
House #	4031	Street Address	Executive Park Drive			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17111-1507	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, INTREST 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)	\$ 28.54

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)		\$ 28.54
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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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Foust for Controller
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To Whom Paid	Desantis Signs and raphics Inc				Date [MM/DD/YYYY]	\$	1500.00
	03/26/2019						
House #	540	Street Address	West 18th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502-1721	Deposit for yard signs	
To Whom Paid	Erie County Democratic Party				Date [MM/DD/YYYY]	\$	300.00
	04/03/2019						
House #		Street Address	PO Box 1184		Description of Expenditure		
City	Erie	State	PA	Zip Code	16512	Access to voter database	
To Whom Paid	Erie County Democratic Party				Date [MM/DD/YYYY]	\$	100.00
	04/09/2019						
House #		Street Address	PO Box 1184		Description of Expenditure		
City	Erie	State	PA	Zip Code	16512	Advertisement	
To Whom Paid	Erie Crawford Community Service Committee				Date [MM/DD/YYYY]	\$	100.00
	04/09/2019						
House #	32	Street Address	West 8th Street Suite 604		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Advertisement	
To Whom Paid	Kyle Foust				Date [MM/DD/YYYY]	\$	140.00
	04/10/2019						
House #	524	Street Address	Boyer Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	filing fee and ticket reimbursments	
To Whom Paid	Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	1483.40
	04/19/2019						
House #	540	Street Address	West 18th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502-1721	balance due for yard signs	
To Whom Paid	Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	358.23
	04/19/2019						
House #	540	Street Address	West 18th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502-1721	vehicle signs and campaign badges	
To Whom Paid	Kyle Foust				Date [MM/DD/YYYY]	\$	90.01
	04/19/2019						
House #	524	Street Address	Boyer Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	reimbursement for cable spot, dinners 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.

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							

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			