

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)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF KYE FOUST		
Street Address		3823 STATION ROAD		
City	State	Zip Code		
ERIE	PA	16510		
Type of Report (Place x under report type)				
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre- Election	Special 30 Day Post- Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report	
5/21/19	2019	<input type="checkbox"/>	<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only
		1/1/19	5/6/19	2019 MAY -3 AM 9:11 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report		\$	59882.01	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1.92	
C. Total Funds Available (Sum of Lines A and B)		\$	59883.93	
D. Total Expenditures (From Schedule III)		\$	5472.14	
E. Ending Cash Balance (Subtract Line D from Line C)		\$	54411.19	
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0	
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 page(s), 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
 Tonia Fernandez
 Signature

My Commission expires 4-3-23
 MO. DAY YR.

Signature of Person Submitting report
 KERRY M. BADAICH
 Printed Name
 814 899-2145
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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
 Tonia Fernandez
 Signature

My Commission expires 4-3-23
 MO. DAY YR.

Signature of Candidate
 Kye Foust
 Printed Name
 814 899-4519
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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)	\$	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)		
Total for the reporting period	(4)	\$ 1,92
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>		\$ 1,92

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		FRIENDS OF KYLE ROUST									
											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]	\$	
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:	FRIENDS OF KYLE ROUST
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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]	\$			
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:	FRIENDS OF KYLE ROUST
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	0
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:	FRIENDS OF KYLE ROUST
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	0
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								

Schedule 1 Part E-Other Receipts-Friends of Kyle Foust

Date	Payee	Address	City	State	Zip	Reason	Amount
1/31/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.51
2/28/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.46
3/29/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.50
4/30/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.45
Total Interest Received							\$ 1.92

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:	FRIENDS OF KYUG FOUST
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	FRIENDS OF KYLE ROUST
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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

File Identification Number:

FRIENDS OF KYLE FOUST

Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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-Friends of Kyle Foust

Date	Payee	Address	City	State	Zip	Reason	Amount	Check #
1/26/2019	United Way of Erie County	420 West 6th Street	Erie	PA	16507	Dinner	\$ 35.00	1049
2/21/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 23.98	1050
3/8/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 30.00	1067
3/11/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 10.00	1068
3/13/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 23.98	1069
3/19/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 40.16	1071
3/19/2019	Foust for Controller	4331 Neptune Drive	Erie	PA	16506	donation	\$ 5,000.00	1072
3/19/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	reimbursement	\$ 6.45	1073
4/9/2019	Erie County Democratic Party	PO Box 1184	Erie	PA	16501	dinner	\$ 160.00	1051
4/9/2019	Erie-Crawford Cmnty Service Comm.	32 West 8th Street Suite 604	Erie	PA	16501	advertisement	\$ 60.00	1052
4/9/2019	Kerry Badach	3823 Station Road	Erie	PA	16510	reimbursement	\$ 14.17	1053
4/9/2019	Kyle Foust	524 Boyer Road	Erie	PA	16510	reimbursement	\$ 22.00	1054
4/30/2019	Kyle Foust	524 Boyer Road	Erie	PA	16510	reimbursement	\$ 47.00	1055

\$ 5,472.74

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:	FRIENDS OF KYLE MUST
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Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$	0
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						