

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

| Filer Identificat  | ion   | f   | Report Filed I                |  | te   | Committee   | <u> </u>  | Lobbyist                              |
|--|---|---|-------------------------------|--|--|---|---|---------------------------------------|
| Name of Filing<br>Lobbyist                                 | Committee, Ca   | ndidate or                                    |                               | 10S OF 1   | HIE FO                                     | IST   | see a seed of the | 10. West 30 KE 1980 KE                |
| Street Address   |   |   | il                            | SMATTIC  |  | )   |   |                                       |
| City   |   | GRIG  |                               | State  | PA-  | Zip Code  | 16510   |                                       |
| Type of Report   | (Place x under  |   |                               | II waa gawaan  |  | I was a second and a |   |                                       |
| 1-6 <sup>th</sup> Tuesday<br>Pre-Primary                   | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary                            | 3- 30 Day Posi<br>Primary                     | 4-6차 Tuesday<br>Pre- Election | 5- 2 <sup>nd</sup> Friday<br>Pre- Election             | National Artist Carlotte Control Page 1981 | 7- Annual   | Special 2 <sup>nd</sup> Friday<br>Pre-Election  | Special 30 Day<br>Post-Election       |
|  |   |   |                               |  |  |   |   |                                       |
| Date Of Election (MIM/DD/YYYY                              | 的复数人名英格兰 化二氯化二甲基甲酚 医电子性小型 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基 | 5121119                                       | Year                          | 2019   | Amendment<br>Report                        |   | Termination<br>Report   |                                       |
| Summary of Re<br>Expenditures                              |   | From Date                                     | 11                            | e<br>6119  |  | For   | Office Use Only   |                                       |
| A. Amount Bro  |   |   | 59                            | 1882, 01   |  |   | The same  | Services<br>and Services              |
| B. Total Monet<br>(From Schedule                           | <b>(1)</b>  | ns and Receipt                                |                               | 1.42   |  |   | 70 TA CO  | , <b>C</b>                            |
| C. Total Funds /<br>(Sum of Lines A                        | and B)  |   | 31.500 Al                     | 883.93   |  |   | ار براه میشد.<br>این که از این  |                                       |
| D. Total Expend<br>(From Schedule                          | :111)   | Branco (por estable)<br>Si por les de la come | 911 1701<br>3 (               | 172114   |  |   | 97.01   | 2                                     |
| E. Ending Cash<br>(Subtract Line I<br>F. Value of In-K     | ofrom Line C) ind Contribution                                      | ons Received                                  | \$ 54<br>\$                   | 411.19   |  |   |   | 7                                     |
| (From Schedule<br>G. Unpaid Debt                           | s and Obligation  | ns.   | \$                            | 0  |  |   |   |                                       |
| (From Schedule   |   |   |                               | . Affidavit Sec  | ction                                      |   |   |                                       |
| Part 1- If this is a                                       | Committee repor   | t, treasurer sign h                           | ere. If this is a Car         | ndidate repart, ca                                     | indidate sign here.                        |   |   |                                       |
| My Commission e  | xpires MO.  | 3-23<br>DAY YR.                               | eath of Penga                 | Erie Co<br>mission expl<br>mission num<br>msylvania As | 814<br>urea Code                           | Printed Nam   | rue, correct and comple<br>LULY<br>nitting report ACH<br>e<br>19-2145<br>rtime Telephone Numbi  | <del></del>                           |
| Part II- If this is a I<br>I swear (or affirm)<br>amended. |   |   |                               |  |  | y provisions of t   | he Act of June 3, 1937  | (P.L. 1333, NO.320) as                |
| Sworn to and sub-  | scribed before m  | e this  | _                             |  | , şigi                                     | 1 And   | A date  | · · · · · · · · · · · · · · · · · · · |
| My Commission e  | Signature  xpires 4 -   | 3-23  |                               |  | Kyk<br>8/4<br>urea Code                    |   | 99 - 45)9<br>ime Telephone Number   | <del></del>                           |
| Commonwealth of<br>Tonia Ferna                             |   |   |                               |  |  | Layt  | and relephone number  |                                       |
| E.   | ridez, Notary p<br>rie County                                       | ublic   |                               |  |  |   |   |                                       |

Erie County
My commission expires April 3, 2023
Commission number 1288912
Mamber, Pennsylvania Association of Notaries

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

| Filer Identification Number  |         |      |
|--|---------|------|
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor  |         |      |
| Total for the reporting period (1)   | .) \$   |      |
| 2. Contributions of \$50.01 to \$250.00 (From<br>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)   | 2) \$   | 0    |
| 3. Contributions Over \$250.00 (From Part C and Part D)  |         |      |
| Contributions Received from Political Committees (Part C)  | \$      |      |
| All Other Contributions (Part D)   | \$      | 0    |
| Total for the reporting period (3)   | ) \$    | O    |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)  |         |      |
| Total for the reporting period (4)   | )   \$  | 1.02 |
| 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, Report Cover Page, Item B) | \$<br>t | 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 N          | Vumber 52 16   | 2005 0       | of kyle foust                          |   |   |
|---------------------------------|--|--------------|--|---|---|
|                                 | Maria Com  | 71-03 C      | P F 1,003,                             |   | Amount                                  |
| Full Name of Cont               | trikuting (  |              |  | Date [MM/DD/YYYY] \$  | *************************************** |
| Committee                       | u ibusiig  |              |  | Date [MM/DD/YYYY] \$  | 0                                       |
| House #                         | Street Address   |              | <u></u>                                | Date [MM/DD/YYYY] \$  | · · · · · · · · · · · · · · · · · · ·   |
|                                 |  |              |  | (m 1). 1<br>(1) 2 (m). 1  |   |
| City                            | [28] 3958(2978,287) - 30 - 30, 84  | State        | Zip Code                               | Date [MM/DD/YYYY] \$  |   |
|                                 |  |              |  |   |   |
| Full Name of Cont               | ributing   |              |  | Date [MM/DD/YYYY] \$  |   |
| Committee                       |  | ·            |  | 20. E. C.   |   |
| House #                         | Street Address   |              | <del></del>                            | Date [MM/DD/YYYY] \$  |   |
|                                 |  |              |  |   |   |
| City                            | TRANSPORTER OF THE PROPERTY OF | State        | Zip Code                               | Date [MM/DD/YYYY] \$  | · · · · · · · · · · · · · · · · · · ·   |
|                                 |  |              |  | 1997<br>1997<br>1998<br>1998  |   |
| Full Name of Cont               | ributing   | <del> </del> |  | Date [MM/DD/YYYY] \$  | <del> </del>                            |
| Committee                       |  |              | •                                      |   |   |
| House #                         | Street Address   |              | <del></del>                            | Date [MM/DD/YYYY] \$  |   |
|                                 |  |              |  |   |   |
| City                            | Profits each on these course of  | State        | Zip Code                               | Date [MM/DD/YYYY] \$  |   |
|                                 |  | 24 (4)       |  |   |   |
| Full Name of Cont<br>Committee  | ributing   |              |  | Date [MM/DD/YYYY] \$  |   |
| House #                         | Street Address   |              | <u> </u>                               | Date [MM/DD/YYYY] \$  |   |
| All of the state                |  | •            |  |   |   |
| City                            | 1607 28 Expension Co. 1  | State        | Zip Code                               | Date [MM/DD/YYYY] \$  |   |
|                                 |  |              |  | ATTIACT IN AVAILABLE DE LE COMPANION DE LE COMP |   |
| Full Name of Conti              | ributing   | <u> </u>     |  | Date [MM/DD/YYYY] \$  |   |
| Committee                       |  | •            |  |   |   |
| House #                         | Street Address   | <b>-</b>     | ·                                      | Date [MM/DD/YYYY] \$  |   |
|                                 |  |              | >                                      |   |   |
| City                            | [5,800,088,080,000,0880] .   | State        | Zip Code                               | Date [MM/DD/YYYY] \$  |   |
|                                 | ·  |              |  | <b>多形型</b>  |   |
| Full Name of Conta<br>Committee | ributing   |              |  | 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: FRIGNDS OF KYKE ROUST |
|--|
|--|

|                   |  |   |                |                       | ·                                     |
|-------------------|--|---|----------------|-----------------------|---------------------------------------|
| Full Name of Cont |  |   |                | Date [MM/DD/YYYY] S   | 0                                     |
| House #           | Street Address                               |   |                | Date [MM/DD/YYYY] \$  |                                       |
| City              | Paraser services services                    | State                                   | Zip Code       | Date [MM/DD/YYYY] \$  |                                       |
| Full Name of Cont | ributor                                      |   |                | Date [MM/DD/YYYY] \$  |                                       |
| House #           | Street Address                               |   | <del></del>    | Date [MM/DD/YYYY] \$  | · · · · · · · · · · · · · · · · · · · |
| Gity              |  | State                                   | Zip Gode       | Date [MM/DD/YYYY] \$  |                                       |
| Full Name of Cont | ributor                                      |   |                | Date [MM/DD/YYYY] \$  |                                       |
| House #           | Street Address                               |   |                | Date [MM/DD/YYYY] \$  |                                       |
| Gity              |  | State                                   | Zip Code       | Date (MM/DD/YYYY) \$  | · · · · · · · · · · · · · · · · · · · |
| Full Name of Cont | ributor                                      |   |                | Date [MM/DD/XYXYI] \$ |                                       |
| House #           | Street Address                               |   | <u> </u>       | Date [MM/DD/YYYY] \$  |                                       |
| aty               |  | State                                   | Zip Code       | Date [MM/DD/YYYY] \$  |                                       |
| Full Name of Cont | ributor#                                     |   |                | Date [MM/DD/YYYY] \$  |                                       |
| House #           | Street Address                               |   |                | Date [MM/DD/YYYY] \$  |                                       |
|                   |  | 100000000000000000000000000000000000000 | Real Section 1 |                       | · · · · · · · · · · · · · · · · · · · |
| City              | कर्त विकास स्टब्स्ट कर के कि                 | State                                   | Zip Code       | Date [MM/DD/YYYY] \$  |                                       |
| Full Name of Cont |  |   |                | Date [MM/DD/NYYY] \$  |                                       |
| House#            | Street Address                               |   |                | Date [MM/DD/YYYY] \$  |                                       |
| City              | an an organize - A constitution (A very Co.) | 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.

|  | FRIENDS      | 26  | KYLE                                   | ನು       | ST                |          |    |
|--|--------------|---|--|----------|-------------------|----------|----|
| Full Name of                           |              |   | <del></del> ·                          |          | 4                 | B7 84.5  | ., |
| Contributing Committee                 |              |   |  |          | Date [MM/DD/NYXY] | \$       | 0  |
| House # Street Address                 |              |   |  | 4        | Date [MM/DD/YYYY] | \$       |    |
| City                                   | State        | Zip Code  |  |          | Date [MM/DD/YYYY] | \$       |    |
| Full Name of Contributing Committee    |              |   | ************************************** |          | Date (MM/DD/AWY)  | 5        |    |
| House # Street Address                 |              | <del>, , , , , , , , , , , , , , , , , , , </del> |  |          | Date [MM/DD/YYYY] | S        |    |
| City:                                  | State        | Zip Code  |  | 3        | Date (MM/DD/XYYY) | s        |    |
|  |              |   |  |          |                   |          |    |
| Full Name of Contributing Committee    |              |   |  |          | Date [MM/DD/YYYY] | \$       |    |
| House # Street Address                 |              |   |  | Ž.       | Date [MM/DD/YYYY] | \$       |    |
| Gity                                   | State        | Zip Code  |  | <u> </u> | Date [MM/DD/YYYY] | \$       |    |
| Full Name of<br>Contributing Committee |              |   |  |          | Date [MM/DD/YYYY] | <b>.</b> |    |
| House # Street Address                 |              | <del></del>                                       |  | <u> </u> | Date [MM/DD/YYYY] | \$       |    |
| City                                   | State        | Zip Code  |  | <u> </u> | Date [MM/DD/YYYY] | 5        |    |
| Full Name of<br>Contributing Committee | HANNAGARI SA | V 2000 and    | 22334                                  |          | Date [MM/DD/YYYY] | \$       |    |
| House # Street Address                 |              |   |  |          | Date [MM/DD/YYYY] | \$       |    |
| City.                                  | /State       | Zip Code  |  |          | Date [MM/DD/YYYY] | \$       |    |
| Full Name of<br>Contributing Committee |              |   |  |          | Date [MM/DD/YYYY] | \$       |    |
| House # Street Address                 |              |   |  |          | Date [MM/DD/YYYY] | \$       |    |
| City                                   |              |   | X-8.12                                 |          |                   |          |    |
| 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: | FRIGNOS | DF | KYVE | กอบรา |       |  |  |
|------------------------------|---------|----|------|-------|-------|--|--|
| <del></del>                  |         |    |      |       | <br>_ |  |  |

| · · · · · · · · · · · · · · · · · · ·           |  |       |                     |                                   |  |
|---|--|-------|---------------------|-----------------------------------|--|
| Full Name of Contribu                           | tor  |       |                     | Date [MM/DD/YYYY] \$              | 0  |
| Hause #   | Street Address                               |       | ,                   | Date [MM/DD/YYYY] \$              |  |
| City  |  | State | Zip Code            | Date [MM/DD/YYYY] \$              |  |
| Employer Name                                   |  |       |                     | Occupation                        |  |
| Employer Mailing Add<br>Principal Place of Bus  |  |       |                     |                                   |  |
| Full Name of Contribu                           | tor.   |       |                     | Date [MM/DD/YYYY] \$              | A Paragraphic Annual Control of the  |
| House #   | Street Address                               |       |                     | Date [MM/DD/YYYY] \$              | X A Company of the Co |
| City  |  | State | ZIp Code            | Date [MM/DD/YYYY] \$              |  |
| Employer Name                                   | 100  |       |                     | Occupation                        |  |
| Employer Mailing Add<br>Principal Place of Busi |  |       |                     |                                   |  |
| Full Name of Contribu                           | tor  |       |                     | Date [MM/DD/YYYY] \$              | 3. The same of the |
| House #   | Street Address                               |       |                     | Date [MM/DD/YYYY] \$              |  |
| City  |  | State | Zip Code            | Date [MM/DD/YYYY] \$              |  |
| Employer Name                                   |  |       |                     | Occupation                        |  |
| Employer Mailing Add<br>Principal Place of Busi |  |       |                     |                                   |  |
| Full Name of Contribu                           | tor  |       |                     | Date [MM/DD/YYYY] \$              |  |
| House#  | Street Address                               |       |                     | Date [MM/DD/YYYY] \$              |  |
| City  |  | State | Zip Code            | Date [MM/DD/YYYY] 5               |  |
| Employer Name                                   | ranga sa |       | Company to the P.J. | Occupation                        | 4  |
| Employer Mailing Add<br>Principal Place of Busi |  |       |                     | A See Series Series Series Series | · · · · · · · · · · · · · · · · · · ·  |

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

| Date                             | Payee  | Address         | City | State | Zip   | Reason   | Amo        | Amount |
|----------------------------------|--------|-----------------|------|-------|-------|----------|------------|--------|
| 1/31/2019 Northwest Savings Bank | s Bank | 122 Cook Avenue | Erie | PA    | 16510 | Interest | ş          | 0.51   |
| 2/28/2019 Northwest Savings Bank | s Bank | 122 Cook Avenue | Erie | ΡA    | 16510 | Interest | ❖          | 0.46   |
| 3/29/2019 Northwest Savings Bank | s Bank | 122 Cook Avenue | Erie | PA    | 16510 | Interest | \$         | 0.50   |
| 4/30/2019 Northwest Savings Bank | s Bank | 122 Cook Avenue | Erie | ЬА    | 16510 | Interest | <b>(</b> ) | 0.45   |
|                                  |        |                 |      |       |       | ٠        |            |        |

**Total Interest Received** 

#### **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

| Filer Identification Number:   | FRIGNOS OF                         | KYIG           | FOUST              |   |
|--|------------------------------------|----------------|--------------------|---|
|  |                                    |                |                    |   |
| TOTAL for the reporting period   | NTRIBUTIONS RECEIVED-VALUE (       | S I            | SS PER CUNITIBUTUR |   |
| To the top the period  | \±/                                |                |                    |   |
| 2. IN-KIND CONTRIBUTIONS   | RECEIVED-VALUE OF \$50.01 TO       | \$250.00 (FROM | PART F)            |   |
| TOTAL for the reporting period   | (2)                                | \$             |                    |   |
| 3, IN-KIND CONTRIBUTION  | REGEIVED-VALUE OVER \$250.00       | EROM PART G)   |                    |   |
| TOTAL for the reporting period   | (3)                                | \$             |                    |   |
| TOTAL VALUE OF IN-KIND CONTRIB   | LITIONS OF IRING THIS REPORTING    | G S            |                    |   |
| PERIOD (Add and enter amount tot<br>on Page 1, Report Cover Page, Item | als from boxes 1, 2, and 3; also e |                | ·                  | 0 |

### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | <br>       |              |        | _    |
|------------------------------|------------|--------------|--------|------|
| Purite mentingation dumbers  |            |              | _      |      |
|                              | $\Omega C$ | 11011        | Caller | ,    |
| Filer Identification Number: | U-         | سكاما للكسكا |        |      |
|                              |            |              |        | <br> |

| Full Name of Contrib   | utor                     |  |                           | Date [MM/DD/YYYY] | \$                |
|------------------------|--------------------------|--|---------------------------|-------------------|-------------------|
| House #                | Street Address           |  |                           | Date [MM/DD/YYYY] | *                 |
|                        |                          | ·  |                           | 7.00              |                   |
| City                   | <del>".</del>            | State  | Zip Code                  | Date [MM/DD/YYYY] | \$                |
| Description of Contri  | bution                   |  |                           | Const             |                   |
| Full Name of Contribe  | utor                     | <u>ā</u>                                       |                           | Date [MM/DD/M/M]  | \$                |
|                        |                          |  |                           |                   |                   |
| House #                | Street Address           |  |                           | Date [MM/DD/YYYY] | \$                |
| City                   |                          | State  | Zip Code                  | Date [MM/DD/YYYY] | <b>\$</b>         |
|                        |                          |  |                           |                   |                   |
| Description of Contrib |                          |  |                           |                   |                   |
| Full Name of Contribu  | ator .                   |  |                           |                   | <b>(\$</b>        |
| House #                | Street Address           |  |                           | Date [MM/DD/YYYY] | \$                |
| City                   |                          | State  | Zip Code                  | Date [MM/DD/YYYY] | \$ 8<br>  S 8<br> |
| Description of Contrib | aution                   |  | Principal                 | I File            | 3931<br>          |
| Full Name of Contribu  | itor                     |  |                           |                   | \$                |
| House #                | Street Address           |  |                           |                   | \$                |
| City'                  | Environmental service of | State  | Zip Code                  | Date [MM/DD/YYYY] | \$.               |
| Description of Contrib |                          |  | Total and Total and Total |                   | 59cot             |
| Full Name of Contribu  | COT                      |  |                           | Date [MM/DD/YYYY] | \$                |
|                        | Street Address           |  |                           | Date [MM/DD/YYYY] | \$                |
| City                   |                          | State  | Zip Code                  | Date [MM/DD/YYYY] | \$                |
| Description of Contrib | ution                    | , A. L. S. |                           |                   | 300 (01           |

# SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

| Files Identification Number:   |      |          |                      |                     |  |
|--|------|----------|----------------------|---------------------|--|
|  | _    |          |                      |                     |  |
| Filer Identification Number:   | ^    |          |                      |                     |  |
| ■ 中国 以同时的学生以及证明。1000年间,1000年间,2000年度,2000年度,2000年度。  |      |          |                      | _                   |  |
| 是《1940年》中的中国中国中国的国际中国中国中国中国中国中国中国中国中国中国中国中国中国中国中   | 1050 |          |                      | <i>(</i> )          |  |
| The state of the s |      | $\sim r$ |                      |                     |  |
|  |      |          | 1/ 4 / 1 / 1 / 1 / 1 | 1-21110             |  |
| _2504.05T 340456T-068T0.25T0010.04C010.7T0FT0.53BF0.06F00-75P0.25T00.25T0  |      |          |                      | Par 3 1 1 1 1 1 1 1 |  |
|  |      | -        |                      | 1 ( )( )( )         |  |
| Company of the Compan |      |          |                      | ,                   |  |
|  |      |          |                      |                     |  |
|  |      |          |                      |                     |  |

| Full Name of Contributor                      |   |                      | Date [MM/DD/YYYY] \$   | <u>ن</u> |
|---|---|----------------------|--|----------|
| House# Str                                    | eet Address                                 |                      | Date [MM/DD/YYYY] \$   |          |
| City  | State                                       | Zip Code             | Date [MM/DD/YYYY] \$   |          |
|   |   | Ar saus              | Date Humbooks in 12  |          |
| Employer Name                                 |   | Fasesare Transaction | Occupation   |          |
| Employer Mailing Address<br>Place of Business | / Principal                                 |                      | Description of   |          |
| Full Name of Contributor                      |   |                      | Contribution  Date [MM/DD/YYYY] \$   |          |
|   |   | 4                    |  |          |
| House # Stre                                  | et Address                                  |                      | Date [MM/DD/YYYY] \$   |          |
| City  | State                                       | Zip Code             | Date [MM/DD/YYYY] \$   |          |
|   |   |                      |  |          |
| Employer Name                                 |   |                      | Occupation   |          |
| Employer:Mailing Address<br>Place of Business | / Principal                                 |                      | Description of Contribution  |          |
| Full Name of Contributor                      | SO JOSEPH L. C. SPANTAGE TO PRINCIPLE STORY |                      | Date [MM/DD/YYYY] \$   |          |
| House # Stra                                  |   |                      |  |          |
| nouse# stre                                   | et Address                                  |                      | Date (MM/DD/YYYY) \$   |          |
| Gity  | State                                       | Zip Code             | Date [MM/DD/YYYY] %  |          |
| Employer Name                                 |   |                      | Occupation   |          |
| Employer Mailing Address<br>Place of Business | / Principal                                 | ,                    | Description of Contribution  |          |
| Full Name of Contributor                      |   |                      | Date [MM/DD/YYYY] \$   | <u> </u> |
|   |   |                      |  |          |
| House # Stre                                  | et Address                                  |                      | Date [MM/DD/YYYY] \$   |          |
| /City   | State                                       | Zip Code             | Date [MM/DD/YYYY] \$   |          |
|   |   |                      | THE STATE OF THE S |          |
| Employer Name                                 |   |                      | Occupation   | ·        |
| Employer Mailing Address Place of Business    | //erincipal                                 |                      | Description<br>of<br>Contribution  |          |

| 4/30/2019 Kyle Foust | 4/9/2019 Kyle Foust | 4/9/2019 Kerry Badach | 4/9/2019 Erie-Crawford Cmnty Service Comm. | 4/9/2019 Erie County Democratic Party | 3/19/2019 Kyle Foust | 3/19/2019 Foust for Controller | 3/19/2019 Kyle Foust | 3/13/2019 Kyle Foust | 3/11/2019 Kyle Foust | 3/8/2019 Kyle Foust | 2/21/2019 Kyle Foust | 1/26/2019 United Way of Erie County | Date Payee |
|----------------------|---------------------|-----------------------|--|---------------------------------------|----------------------|--------------------------------|----------------------|----------------------|----------------------|---------------------|----------------------|-------------------------------------|------------|
| 524 Boyer Road       | 524 Boyer Road      | 3823 Station Road     | 32 West 8th Street Suite 604               | PO Box 1184                           | 524 Boyer Road       | 4331 Neptune Drive             | 524 Boyer Road       | 524 Boyer Road       | 524 Boyer Road       | 524 Boyer Road      | 524 Boyer Road       | 420 West 6th Street                 | Address    |
| Erie                 | Erie                | Erie                  | Erie                                       | Erie                                  | Erie                 | Erie                           | Erîe                 | Erie                 | Erie                 | Erie                | Erie                 | Erie                                | City       |
| PA                   | PΑ                  | PA                    | PΑ   | PΑ                                    | PΑ                   | PΑ                             | PA                   | PΑ                   | PA                   | PΑ                  | PΑ                   | PΑ                                  | State      |
| 16510                | 16510               | 16510                 | 16501                                      | 16501                                 | 16511                | 16506                          | 16511                | 16511                | 16511                | 16511               | 16511                | 16507                               | Zip        |
| reimbursement        | reimbursement       | reimbursement         | advertisement                              | dinner                                | reimbursement        | donation                       | reimbursement        | reimbursement        | reimbursement        | reimbursement       | reimbursement        | Dinner                              | Reason     |
| ↔                    | ⋄                   | ·v                    | ❖  | ❖                                     | ❖                    | S.                             | ↔                    | ₩                    | <b>₹</b>             | ↔                   | ٠                    | ٠                                   | ≱          |
| 47.00                | 22.00               | 14.17                 | 60.00                                      | 160.00                                | 6.45                 | 5,000.00                       | 40.16                | 23.98                | 10.00                | 30.00               | 23.98                | 35.00                               | Amount     |
| 1055                 | 1054                | 1053                  | 1052                                       | 1051                                  | 1073                 | 1072                           | 1071                 | 1069                 | 1068                 | 1067                | 1050                 | 1049                                | Check #    |

### 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.

|                     | FRIENDS OF     | Kyle GOST  |                                |
|---------------------|----------------|--|--------------------------------|
| Name of Creditor    |                |  | Outstanding Balance of Debt    |
| House#              | Street Address | DATE DEBT INCURRED [MM/OP/YYYY]  State Zip Code  | *                              |
| Description of Debt |                | A Section Control  |                                |
| Name of Creditor    |                | 1988 Control of the State of th | Outstanding Balance of Debt    |
| House #             | Street Address | DATE DEBT INCURRED [MM/DD/YYYY]  |                                |
| City                |                | State Zip<br>Code  |                                |
| Description of Debt |                |  |                                |
| Name of Creditor    | -              |  | Outstanding Balance of Debt    |
| House #             | Street Address | DATE DEBT INCURRED [MM/DD/YYYY]  | \$ 1                           |
| City                |                | State Zip.<br>Code   |                                |
| Description of Debt |                | Parasa and American  |                                |
| Name of Creditor    |                |  | Outstanding Balance of Debt    |
| House #             | Street Address | DATE DEBT INCURRED [MM/DD/YYYY]  State Zip   | \$                             |
| Description of Debt |                | Code   | 444                            |
| 418                 |                |  |                                |
| Name of Creditor    | Street Address | DATE DEBT INCURRED [MM/DD/XYYY]  | Outstanding Balance of Debt \$ |
| City                |                | State Zip<br>Code  | •                              |
| Description of Debt |                | Principle Control   Principle Control  |                                |
| Name of Creditor    | Angelia        |  | Outstanding Balance of Debt    |
| House #             | Street Address | DATE DEBT INCURRED [MM/DD/YYYY]  | •                              |
| City                |                | State Zip Code   |                                |
| Description of Debt |                | A STATE OF THE STA |                                |