

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 checked="" 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
	05/06/19	06/10/19	
A. Amount Brought Forward From Last Report	\$	2928.36	<p style="text-align: center;">20190610 PM 1:00 NOT RECORDED</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6178.36	
D. Total Expenditures (From Schedule III)	\$	763.46	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5414.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate's report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this <u>13th</u> day of <u>June</u> 20 <u>19</u> <u>Sonia Fernandez</u> Signature My Commission expires <u>4-3-23</u> MO. DAY YR.	Signature of Person Submitting report <u>Sue Ellen Pasquale</u> 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 <u>13th</u> day of <u>June</u> 20 <u>19</u> <u>Sonia Fernandez</u> Signature My Commission expires <u>4-3-23</u> MO. DAY YR.	Signature of Candidate <u>Kyle Foust</u> Printed Name 814 _____ 899-4519 <u>218-3407</u> Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Sonia 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	Foust for Controller		
------------------------------------	----------------------	--	--

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)		\$	250.00
All Other Contributions (Part B)		\$	0.00
Total for the reporting period	(2)	\$	250.00

3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	3000.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period	(3)	\$	3000.00

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>		\$	3250.00

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		Great Lakes Trade Political Action Fund				Date [MM/DD/YYYY]		\$	250.00
						05/14/2019			
House #	185	Street Address		Pennbriar Drive		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16509	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:	Foust for Controller
------------------------------	----------------------

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]	\$	
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
-------------------------------------	----------------------

Full Name of Contributing Committee		Mid-Atlantic Laborers' Political League		Date [MM/DD/YYYY]	\$	2500.00
				05/20/2019		
House #	11951	Street Address	Freedom Drive #310		Date [MM/DD/YYYY]	\$
City	Reston	State	VA	Zip Code	20190	Date [MM/DD/YYYY]
Full Name of Contributing Committee		Carpenters' Legislative Program of Greater Pennsylvania		Date [MM/DD/YYYY]	\$	500.00
				06/10/2019		
House #	650	Street Address	Ridge Road Suite 200		Date [MM/DD/YYYY]	\$
City	Pittsburgh	State	PA	Zip Code	15205	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
------------------------------	----------------------

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
--

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 RECIEVED

**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
------------------------------	----------------------

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 F)		
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)		\$
---	--	----

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Foust for Controller
-------------------------------------	----------------------

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							

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:	Fosut for Controller
-------------------------------------	----------------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			
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			
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			
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			
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number-	Foust for Controller
-------------------------------------	----------------------

To Whom Paid		Creative Imprint Systems		Date [MM/DD/YYYY]		\$	184.50
				05/09/2019			
House #	2670	Street Address	West 11 th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	T-Shirts Foust for Controller	
To Whom Paid		Holy Trinity Ushers		Date [MM/DD/YYYY]		\$	25.00
				05/09/2019			
House #	2220	Street Address	Reed Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	advertisement	
To Whom Paid		Harborcreek Township		Date [MM/DD/YYYY]		\$	100.00
				05/24/2019			
House #	5601	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	security deposit - Shades Beach event	
To Whom Paid		Harborcreek Township		Date [MM/DD/YYYY]		\$	225.00
				05/24/2019			
House #	5601	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	lease - Shades Beach event	
To Whom Paid		Biroscak Printing Company		Date [MM/DD/YYYY]		\$	228.96
				06/02/2019			
House #	1919	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	postcards	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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
-------------------------------------	----------------------

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							
----------------------------	--	--	--	--	--	--	--

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	

Description of Debt							
----------------------------	--	--	--	--	--	--	--