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

Filer identification Number	lumber			rt Filed &		áte	Committee		Lobbyist		
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Foust	for Contro	ller						
Street Address			4331 N	leptune D	rive						
City	Erie		•		State	PA	Zip Code	16506			
Type of Report (PI	lace x under i	eport type)									
1-6 <sup>th</sup> Tuesday 2 Pre-Primary P	?- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	10.000	luesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election		
Date Of Election (MM/DD/YYYY)		05/21/2019	Year		2019	Amendment Report		Termination Report			
Summary of Rece Expenditures	ipts and	From Date 05/06/19		To Date	6/10/1 <del>9</del>		For	Office Use Only			
A. Amount Brougl	ht Forward F	rom Last Report	\$	:	2928.36			Branch Street	Annual Control of the		
B. Total Monetary (From Schedule I)		ns and Receipts			3250.00						
C. Total Funds Ava (Sum of Lines A ar	nd B)	an dan baring b	\$	6	5178.36						
D. Total Expenditu			\$		763.46						
E. Ending Cash Bal (Subtract Line D fr			\$		5414.90						
F. Value of In-Kind (From Schedule II)	i Contributio	ns Received	\$	<u> </u>	0			\hat{k}			
G. Unpaid Debts a (From Schedule IV	ınd Obligatio	ns	\$		<del>0</del> C						
-	17 A 14 A 17 A 17 A 17 A 17 A 17 A 17 A	等44. [2005] / 2009/05/18-55	15)(A)	<b>3</b> ≤	Affidavit Se						
Part 1- If this is a Con I swear (or affirm) th	nmittee report at this report,	, treasurer sign he including the atta	ere. If th ched sch	i <b>gr</b> i∰es∃on	<b>didate</b> teport, ca រ ន <b>ងទី៩</b> វិ, is to the	indidate sign here. best of my knowled	ge and belief tr	ue, correct and complet	te.		
Sworn to and subscri	June June gnature res	e this 20 19	- 20 -	mission expires April 3, 202 mission number 1288912 nasylvania Association of Nota	3 81 4 alth of Pennsylvania - Notary Fernandez, Notary Public Erie County	Signature e Eilen Pasquale  4  vrea Code	A Pull of Person Subm Printed Name 833-1	tting report	<del></del>		
Part II- If this is a repo				tije, candi			correlations of t	ne Act of June 3, 1937 (	n : 1222 NO 270\ co		
amended.	at to the best t	n my knowledge a	ا ج		C C COMMITTEE	nas not violated any	provisions of t	Te Act of June 3, 1937 (	P.L. 1333, NO.320) as		
Sworn to and subscri	Tune Horr	this 20 19 20 19 3-23 DAY YR.		My commission expires April 3, 2023 Commission number 1268912	Strandez Not	le Foust	ature of Candid Printed Name 899-45 Dayti	ate 19 入る-3407 me Telephone Number			
			Notaries	33	Sea						

### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		1
	Facult for Controller	1
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a side between the part of the part of the same part of the same		

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 (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	\$ 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 Identi	fication Numb		Controller				
		renses) nous S					Amount
	of Contribu	ting			Date [MM/DD/YYYY]	\$	·
Committe	e.	Great Lak	es Trade Political A	Action Fund	05/14/2019		250.00
House #		Street Address			Date [MM/DD/YYYY]	\$	
	185	ļ.	ennbriar Drive				
City Er	ie		State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$	
250 KUS 4		₩*fdram massa.					
Full Name Committe	of Contribute				Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
			Lasters Well			(1000) Allender Allender	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
	of Contribut	ting	, , <b>.</b>		Date [MM/DD/YYYY]	\$	
Committe	<b></b>						
House #	**************************************	Street Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
TAX STATE		- De alta vista	17. SEA 31				
Full Name Committe	of Contribut e	ing			Date [MM/DD/YYYY]	Ś	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City	1	HE TOWN A REAL PROPERTY.	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name Committe	of Contribut e	ing			Date [MM/DD/YYYY]	\$	
House #	2484,308,402	Street Address			Date [MM/DD/YYYY]	\$	
City	1	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	·•··
Cull Name	of Contribut	lna.			Date [MM/DD/YYYY]	\$	
Committe					Date (WW/DD/1111)	<b>ə</b>	
House #	K. SECTHER SECTION	Street Address	•		Date [MM/DD/YYYY]	\$	
7.40 - 10 17 - 1 36 3 3 3 5 5	:				2	149 149	
City		en en per julijan de Personal (1915)	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:

Full Name of Contributor

Full Name of Contributor

House #

House #

City

City

Street Address

Street Address

State

State

Zip Code

Zip Code

	roust for Contr	Ollei			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] - 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		NGCHETZERSONGESSEN	Date [MM/DD/YYYY] \$	
House #	Street: Address			Date [MM/DD/YYYY] \$	
City	ASSESSESSESSES (PROCESSES )	State	Zip.Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Chy		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date:[MM/DD/YYYY] \$	,

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

S

#### 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 Num	ber: Foust for Control	oller				
	, , , , , , , , , , , , , , , , , , ,	one:				
Full Name of	*150°			Date [MM/DD/YYYY]	\$	
<b>Contributing Commit</b>	tee Mid-Atlantic La	borers' Political Leag	ue	And the second s		2500.00
				05/20/2019		
House#	Street Address			Date [MM/DD/YYYY]	\$	
11951	Fre	eedom Drive #310				
		19692648	(47:24722223)		15 W	
City		State VA	Zip Code 20190	Date [MM/DD/YYYY]	Ś	
Full Name of				Date [MM/DD/YYYY]	\$	
<b>Contributing Commit</b>	tee Carpenters' Leg	islative Program of C	Freater Pennsylvania			500.00
Bandenia				06/10/2019		
House #	Street Address			Date [MM/DD/YYYY]	\$	
650	Ric	lge Road Suite 200				
ineses in i			Review Approximation	Date [MM/DD/YYYY]	(9)	
City Pittsburgh		State PA	Zip Code 15205	Date (MW/UD/TATA)	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
<b>Contributing Commit</b>	tee				786 A	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		169 % K			No.	
Full Name of				Date [MM/DD/YYYY]	\$	
<b>Contributing Commit</b>	tee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
I OUSE #	Sureet Address					
City	120000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	\$	
				The section of the 12 of		
Full Name of	\$265A		V 8 4 5 8 6 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Date [MM/DD/YYYY]	\$	
Contributing Commit	90			Date (MM) BD/1111	•	
House#	Street Address		<del></del>	Date [MM/DD/YYYY]	\$	<u> </u>
14 Sept 1						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		4,0000000000000000000000000000000000000			(A)	
Full Name of				Date [MM/DD/YYYY]	\$	
<b>Contributing Committ</b>	ee			·····································		
						<u></u>
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:	oust for Controller			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	: Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address /	January 1, 1919		Occupation	
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		19-11-11-11-11-11-11-11-11-11-11-11-11-1		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] 5.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address /			Occupation	

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 Num	ber:	Foust for Controller	
			_
Full Name			
House #	Stre	et Address	
City		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description			
Full Name			
House#	Stre	et Address	
<b>City</b>		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description		Elifornia de la companya del companya de la companya del companya de la companya	
Full Name			
House #	Stre	et Address	
City		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description			]
Full Name			
House #	Stre	et Address	
City		State Zip Date [MM/DD/YYYY] \$. Code	
Receipt Description			
Full Name			
	Stre	et Address	
City City		State Zip Date [MM/DD/YYYY] \$ Code	
Receipt Description	-1	Line Street, Line	
Full Name			
	Stre	et Address	
City		State Zip Date [MM/DD/YYYY] \$ Code.	
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 CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CO	INTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	):00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from 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 Contrib	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
	2000	Town-constraints	33 in 1874 257 is 1875 3875 3875		<u> </u>
City.		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Description of Contril	oution	A the West of the A	1.05 off-orders were related associated	<del>L,</del>	Tera prode
Full Name of Contribu	itor			Date [MM/DD/YYYY]	<b>`\$</b>
House #	Street Address			Date [MM/DD/YYYY]	
	To the second of the second				
City		State	Zip Code	Date [MM/DD/YYYY]	**************************************
Description of Contrib	oution				The state of the s
Full Name of Contribu	itor	•		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$     \$
City		State	Zip Gode	Date [MM/DD/YYYY]	<b>S</b>
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
CANAGORIAN CALLARY					
House #	Street Address		•	Date [MM/DD/YYYY]	
City		State	Zip.Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of Contrib	ution	and the second second to the second	Fa. Stoppersonal Reservoires		
Full Name of Contribu	tor		<u></u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
			:		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution			. ]	
-caripion or contin	4.00				

## SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	Fosut for Controller	 	

	Transcript 1			
Full Name of Contribut	kor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$.
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		2000 200 200 E		Occupation
Employer Mailing Addr Place of Business	ress / Principal		, ,	Description of Contribution
Full Name of Contribut	ALCOHOLOGICAL STATE			1577-69900 Say1-2677-6937-797-0
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	-Zip Code	Date [MM/DD/YYYY] \$
Employer Name		<u></u>		Occupation
Employer Mailing Addr	ress / Principal			Description Description
Place of Business				of Contribution
Full Name of Contribut	or			Date (MM/DD/YYYY) \$
'House# s	Street Address			Date [MM/DD/YYYY] \$
City .		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Addr	ess / Principal		·	Description.
Place of Business				of Contribution
Eull Name of Contribute	or .			Date [MM/DD/YYYY] -\$
House #	street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Malling Addre Place of Business	ess / Principal			Description of Contribution

# Statement of Expenditures

PRE-Extrapolation of the Company of		
Filer Identification Number:		
Foust for Controller		
Filer Identification Number: Foust for Controller		

To Whom Paid	C					Date [MM/	DD/YYYY]	\$.	104 50
	Creative Imprint Syste	ems				05/09/			184.50
House # 2670	Street Address We	est 11 th Stre	et			Description	of Expendi	ture	
City Erie		State	PA	Zip Code <sup>10</sup>	6505	T-Shirts Foust f	or Controller		
To Whom Paid	Holy Trinity Ushers					Date [MM/I	DD/YYYY]	\$	ar 00
	Holy Himty Oshers					05/09/			25.00
House # 2220	Street Address Re	ed Street				Description	of Expendit	ture	
City Erie		State	PA	Zip Code 10	6502	advertisement			
To Whom Paid			,			Date [MM/I	DD/YYYY]	.\$	100.00
	Harborcreek Township	,,				05/24/			100.00
House # 5601	Street Address Bul	falo Road				Description	of Expendit	ure	
City Harborcreek		State	PA	Zip Gode <sup>10</sup>	6421	security deposi	it - Shades Be	ach ev	rent
To Whom Paid	Hankaman ali Tarrinakia		•			Date [MM/I	DD/YYYY]	\$	225 00
	Harborcreek Township	)				05/24/			225.00
House # 5601	Street: Address But	ffalo Road				Description	of Expendit	ure	
<b>City</b> Harborcreek		- <b>State</b> P	PA	Zip Code <sup>10</sup>	6421	lease - Shades	Beach event		
		8 (\$5000000000000000000000000000000000000							
To Whom Paid	Pirocook Printing Com					Date [MM/I	DD/YYYY]	\$	220 06
	Biroscak Printing Com	pany				06/02/	2019		228.96
	Street Address	pany ach Street				AL SOME STREET, STREET	2019		228.96
House #	Street Address	ach Street	A	Zip	6502	06/02/	2019		228.96
House # 1919	Street Address	ach Street	Α	Zip	6502	06/02/ Description	2019 of Expendit		228.96
House # 1919  City Erie	Street Address	ach Street	Α	Zip	6502	06/02/ Description postcards	2019 of Expendit	ure S	228.96
House # 1919  City Erie  To Whom Paid	Street Address Pea	ach Street	Α	Zip	6502	06/02/: Description  postcards  Date [MM/I	2019 of Expendit	ure S	228.96
House # 1919  City Erie  To Whom Paid  House #	Street Address Pea	State P	A	Zip Code 16	6502	06/02/: Description  postcards  Date [MM/I	2019  of Expendit  OD/YYYY]  of Expendit	ure S	228.96
House # 1919  City Erie  To Whom Paid  House # Gity	Street Address Pea	State P	A	Zip Code 16	6502	06/02/ Description postcards Date [MM/I Description	2019 of Expendit  DD/YYYY] of Expendit	ure S ure	228.96
House # 1919  City Erie  To Whom Paid  House # Gity  To Whom Paid	Street Address Per	State P	A	Zip Code 16	6502	06/02/ Description postcards Date [MM/I Description	2019 of Expendit  DD/YYYY] of Expendit	ure S ure	228.96
House # 1919 City Erie To Whom Paid  House # To Whom Paid  To Whom Paid	Street Address Per	State P	A	Zip Code 16	6502	06/02/ Description postcards Date [MM/I Description	2019 of Expendit  DD/YYYY] of Expendit  DD/YYYYY] of Expendit	ure S ure	228.96
House # 1919  City Erie  To Whom Paid  House # City  City  To Whom Paid  To Whom Paid	Street Address  Street Address  Street Address	State P	A	Zip Code 16	6502	06/02/ Description  postcards  Date [MM/I  Description  Date [MM/I  Description	2019 of Expendit  DD/YYYY] of Expendit  DD/YYYYY] of Expendit	s ure	228.96
House # 1919  City Erie  To Whom Paid  House # 1919  City City City	Street Address Per	State P	A	Zip Code 16	6502	06/02/ Description  postcards  Date [MM/I  Description  Date [MM/I  Description	2019 of Expendit  DD/YYYY] of Expendit  DD/YYYYY] of Expendit	s ure	228.96

#### 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]	<b>\$</b>
City	Sta	te Zip Code	
Description of Debt		- 34 (1/2) [18/p - 20/2/2009 (2019)]	12-12-1
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Stat	ie Zip Code	
Description of Debt		1 (20° (20°) 20°) 40° (20°) 20°) 40° (20°) 20°) 40° (20°) 20°) 40°) 40°) 40°) 40°) 40°) 40°) 40°) 4	PSON SEL
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Stat	e Zip Code	
Description of Debt		And the season September to th	72200000
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Stat	e Zip Code	
Description of Debt		Devices Australia Australia	1011124
Name of Creditor	Decrees and the second		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Stat	e Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City	Stat	e Zip Code	
Description of Debt			