		F		

Print Form

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

Filer Identificati Number	on	· · · · · · · · · · · · · · · · · · ·	Rep	ort Filed I		ate Site	Committee		Lobbyist
Name of Filing C	ommittee, Ca	ndidate or		ark X)					
Lobbyist Street Address				RIEN			FOUST	·	· · · · · · · · · · · · · · · · · · ·
City		(-0 : /-	1	<u> 3823</u>	SMT	on Roll	Zip Code	1 6 0	
Type of Report (	Place v under	GOLIE report type)				r4		16510	
1-6 <sup>th</sup> Tuesday			A_Eth	Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary	Pre-Primary	Primary		Election	Pre- Election	Election	, Amuea	Pre-Election	Post-Election
		X		<u> </u>					
Date Of Election (MM/DD/YYYY)	A STORY OF THE CALL STORY OF TAXABLE	5/21/19	Year		2019	Amendment Report		Termination Report	
Summary of Rec	eipts and	From Date		To Date	1 • (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		For	Office Use Only	
Expenditures			24,433	196 86 87				allengt from the State of the	
A. Amount Brou	ght Forward F	rom Last Repoi	t \$	541	411.19	<u> </u>	<u> </u>		
B. Total Moneta		ns and Receipt	\$		:46				
(From Schedule C. Total Funds A			\$	26.1					
(Sum of Lines A a D. Total Expendi			\$	<del> </del>	11.65				
(From Schedule I	(I))			14	14.88				
E. Ending Cash Bo (Subtract Line D	from Line C)		\$	547	266.77				
F. Value of In-Kin (From Schedule I		ns Received	\$						À
G. Unpaid Debts	and Obligation	ns	\$	T				6 (1)	
(From Schedule I	<b>V</b> )			<u>₹</u>	€ Affiday#Sec	tion		4.4	
Part 1- if this is a Co	mmittee report	, treasurer sign h	ere. If t	nis is a 🔠	ejdate regora, ca	ndidate sign here.			
Sworn to and subsc	ribed before me	this	cheu sc		a a co e 1	Dest of my knowled	ige and belief tr	ue, correct and complet	e. ,
day of_	June	20 19	_	Ivania Ass	th of Pennsylv ernandez, Nc Erie Count ission expired ission numbe	ayou	WHYO	wach	<u> </u>
Don	<del></del>	mand	رياي		ennsylvidez, N. Coun	Signature Kor	Person Submi	320211	<del></del>
	ignature	-72	_	ciation	vania - No vania - No otary Pul ty s April 3, s 12889	814	Printed Name	HO OICA	
My Commission exp	MO.	DAY YR.		of N	Vania - Notary Vania - Notary Votary Public Vty 9s April 3, 202	rea Code	Day	ime Telephone Number	
Part II- If this is a re	port of a <b>Candid</b>	ate's Authorized	Commi	tee, can li	date shall sign he	re.			
I swear (or affirm) to amended.	hat to the best o	f my knowledge	and beli	ef this poli	tical committee	nas not violated any	provisions of the	ne Act of June 3, 1937 (F	P.L. 1333, NO.320) as
Sworn to and subsci	rihad hafara wa	thic		My co	Com	$\bigcirc$	A		•
13+17	V VA 0	· 19		\$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Toni	41	10		
day of s			٠	nnis	east —	V Sign	ature of Candid		<del></del>
Si	gnature			ion e	nand —	1414	Printed Name	Γ	<del></del>
My Commission exp		3-23	<del></del>	Xpire umb	of Pennsylva nandez, No Erie Count	14		18-3407	
	MO.	DAY YR.		My commission expires April 3 Corumiceler number 1288s mber, Pennsylvania Association o	nonwealth of Pennsylvania - I Conia Fernandez, Notary P	ea Còde	Daytir	ne Telephone Number	<del></del> -
·					P			· · · · · · · · · · · · · · · · · · ·	
				2023 Notaries	votary Se.				

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Filer Identification Number	FAIGNDS	OF	Kyle	FOUST	
1 Control 1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-			

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 Part A and Part B)		i d Nati	
Contributions Received from Political Committees (Part A)	orgo ye ab	\$	
All Other Contributions (Part B)		\$	· · · · · · · · · · · · · · · · · · ·
Total for the reporting period	(2)	\$	O
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
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)	\$	. 44
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, Re Cover Page, Item B)		\$	,46

#### 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 Nu	mber FW	6405 06	MILE FOUS	ST	
					Amount
Full Name of Contri	buting			Date [MM/DD/YYYY] \$	
Committee					0
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contril	buting			Date [MM/DD/YYYY] \$	
			•		
House #	Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				203(41110(22)1333)	
Full Name of Contrib Committee	buting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib Committee	outing			Date [MM/DD/YYYY] \$	
House #	Street Address		44	Date [MM/DD/YYYY] \$	
City		State	Zip.Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib Committee	outing			Date [MM/DD/YYYY] \$	
House #	Street Address		. •	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib Committee	outing	10 000 000	Parente de la constanta de la	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.)

END TO THE CONTRACT OF THE CON				
Filer Identification Number:	· ·			 
The State Wind American State of the State o	[ A A F =			
[8] 2. P. A. P. P. A. P. P. A. P. P. A. P. P. P. A. P. P. P. A. P.	16/1/6 10c	DC-1111		
	MARIANIA	OF WULK		
	101000	W WYLCE	K VALINA	
Electric service Service and Service Service Service Service (Self-Walter Service)		<u> </u>	1000	 

Hall to a side of the overstaking at the side of the s				
Full Name of Contributor			Date [MM/DD/YYYY]	s O
House # Stree	et Address		Date [MM/DD/YYYY]	<b>\$</b>
Giy /	State	Zip Code	Date:[MM/DD/YYYY]	<b>/\$</b>
Full Name of Contributor		C.A.O.M. out and was provided	Date [MM/DD/XXXX]	<b>\$</b>
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	<b>8</b>
Full Name of Contributor		The second secon	Date [MM/DB/YYYY)	<b>\$</b>
House # Stree	et Address		Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code.	Date [MM/DD/XXXX]	\$
Full Name of Contributor	1 (and a second)	Distribution and the second se	Date [MIN/Db/AYYY)	
House # Stree	st Address		Date [MM/DD/YYYY]	<b>3</b>
City	.State	Zip Gode	Date [MM/DD/YYYY]	(4)
Full Name of Contributor	, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	<b>3</b>
City	State	Zip Code	8	\$.
Full Name of Contributor				\$
House # Stree	t Address		Date [MM/DD/YYYY]	*
City	State	ZIp Code	Date [MM/DD/YYYY]	<b>\$</b>

#### **PART C**

## **Contributions Received From Political Committees**

Over \$250.00

Filer identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

W Committee of the comm	416425 06	- WHE LOUSE	<u> </u>	40.00
Full Name of	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
Contributing Committee				0
House # Street Addre	ss ·		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/MYY] \$	
House # Street Address	ss	ر ما در	Date [MM/DD/YYYY] \$	***************************************
City	State	Zip/Code	Date [MM/Db/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Committee	. Central State (Control of Control of Contr	Construence and Construence (1991)	Date [MM/DD/YYYY] \$	
House # Street Addres	<b>SS</b>		Date [MM/DD/YYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	S		Date [MM/DD/YYYY] \$	
Gty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Addres	Ş		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:	FRIGURS	DC	MILE	FOUST		
<del> </del>						

Full Name of Contrib	utor .			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] .S	
City	1999-1987 Alexandrophy for harring constraint and focus	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name		· · · · · · · · · · · · · · · · · · ·		Occupation	
Employer Mailing Ad Principal Place of Bus					
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bus	dress / liness				
Full Name of Contrib	utor		,	Date [MM/DD/YYYY] \$	
House #	Street Address	***************************************		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Add	Verse /			Occupation	
Principal Place of Bus	iness				
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House.#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Add Principal Place of Busi	iress / ness				

#### **PART F**

## **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.

	ncianos	or www	12 050		
	<i>30</i> 1				
Full Name	NORTHW	EST SAV	INGS BA	λK	<u> </u>
		122 COOK	AVE		
City.	GRIE INTERE	State	Code 65	Date MM/00/V	
Receipt Description	INTERE	SI			
Full Name					
House # Str	reet Address		<del> </del>		
City		State	Zip Code	Date (MM/DD//	MANU S
Receipt Description		Non-companies of	VSSC CONTROL VICE	<del> </del>	19636d
Füll Name					
House # Ser	eet/Address		<u> ,</u>		
City		State	Zip Code	Date [MM/DD/M	<u>\$</u>
Receipt Description		Total State of the	<u> </u>		
Full Name				<u>.                                      </u>	,
House# Str.	eet Aadress				
City .		State	Zip Gode	Date [MM/DD/Y	<u> </u>
Receipt Description		<b>東西省大学教育</b>			数後記
Füll Näme		:			
House# Str	eet Address			<del> </del>	······································
City	And the state of t	State	Zip Code	Date (MIVI/DD/M	YYYI   5
Receipt Description		Distance of participation of	trestell traceposements		12/RATI)
Full Name					
House # Str	aet Address				
City	Stelland and an annual and an annual an	State	Zip Code	Date (NIM/OD/X	MU (\$)
Receipt Description				Ÿ.	

#### **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 KY	us foust		
Programme and the programme of the progr				
1. UNITEMIZED IN-KIND G	ONTRIBUTIONS RECEIVED-VALUE	OF SBU OU OR LESS ME	RCUNINBUTUR	
TOTAL for the reporting period	(1)	\$		
				·
2. IN-KIND CONTRIBUTION	S RECEIVED-VALUE OF \$50.01 TO	\$250.00 (FROM PART	<b>F)</b>	
TOTAL for the reporting period	(2)	[\$]		
			<u> </u>	
3: IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250:00	(FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRI				
PERIOD (Add and enter amount to on Page 1, Report Cover Page, Iter		enter		)

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:				 ·
THE INCHAMICATION HOME			C = 1 = A	
	helians no	1111/	LOUGH	
	TWICKES OF		rown	
was control of the second of t	(0), (0)	U 7/ V	· - · · ·	

Full Name of Contrib	itor			Data INAM (DD (2007)	\$4.55
				Date [MM/DD/YYYY]	0
House#	Street Address			Date [MM/DD/YYYY]	\$
City	TO A STATE WATER OF A STATE OF THE	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	oution				<b>獨認</b>
Full Name of Contribu	Arabida ya kata kana kata kata kata kata kata kat				VALCE OF
Full Name of Contrib	KOF			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	, <b>S</b>
City	Processorement of the Processor of the P	State	Zip Code	Date [MM/DD/XYY]	\$
Description of Contrib	oution			1.	<u> 30%</u>
Full Name of Contribu	tor			Date (MM/DD/YYXY)	
House #	Street Address			Date [MM/DD/XXXX]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	777	The department of the second		TANKS I
Full Name of Contribu	tor			Date [MM/DD/YYYY]	<b>65</b> %
	1				
House #	Street Address			(Date [MM/DD/\\\\)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	Control of the Contro	. In the state of		<u> </u>
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$4
House#	Street Address		*	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				<u> </u>

## SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	GeIGNOS	DE WILL	60056	
	1 12101-00	4 1000	10000	 

Full Name of Contrib	utor			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	Folder various commonwers and	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		CONTRACTOR OF THE PARTY OF THE		Occupation	361
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution	
Full Name of Contribe				Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	ANADOS CONTRACTOR CONT	State	Zip Code	Oate [MM/DD/YYYY] \$	
Employer Name		Talkand Control of 1	1. Control of the con	Occupation	
Employer Mailing Add Place of Business	dress / Principal			Description of Contribution	
Full Name of Contribu				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	(In the case)			Occupation	
Employer Mailing Add Place of Business	irėss / Principal			Description of Contribution	
Full Name of Contribu	ltor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation /	
Employer Mailing Add Place of Business	iress / Principal	L		Description of Contribution	

# Statement of Expenditures

			_
Filer Identification Number: CLIG	JOS OF KYLE	FOUST	

To Whom Paid	1/11/6	~ <i>~</i> _	•			Date [MM/DD/YYYY	] \$	14400
	KYUB F	<u> </u>		·		5/2/1/9		44,88
House # 524	KYUG ( Street Address	boybe	20	pro Ora		Description of Expe	nditure	
GR	6	State	PA	Zip Code	16511	Rambu	RSEN	16V T
To Whom Paid					,	Date [MM/DD/YYYY	1 \$	
Transcontinu	GRIE COI	MN MINN	PIBE	s Assoc	Memory	5/22/19		100,00
House#	Street Address	Mark Golden McCounty				Description of Expen	iditure	
City		State		Zip Code		AOIN	P201	SRAM .
To Whom Paid						Date [MM/DD/YYYY	<u> </u>	
House #	Street Address					Description of Expen	diture	
City		State		Zip Code				· KANAN
To Whom Paid				To activity of the control of the co		Date (MM/DD/YXXX	] \$	
House #	Street Address		· ·			Description of Expen	diture	
City		State	<del></del>	Zip Code				
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	Programmed Charles		CERCIPAL ALL SERVICES	,	PETER (MM/PDYAYAY)	<u>                                      </u>	·
House #	Street Address					Description of Expen	diture	
City		State		Zip Code				
To Whom Paid						Date (MM/DD/YYYY)	\$	
House #	Street Address					Description of Expen	diture	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House#	Street Address		· · · · · · · · · · · · · · · · · · ·			Description of Expen	diture	
City		State		Zip Code				
To Whom Pald				· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)	\$	
House #	Street Address					Description of Expend	diture	
City		State		Zip Code			The second secon	

#### **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.

Property of the second						
Filer Identification Number:						
ENTRY OF THE PROPERTY OF THE P						
	1-0.0	· .		1000		
	10//1/ 10/10					
			WVII NO			
				1.0		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		State Zip Code	
-Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DB/YYYY]	5
City		State Zip Code	
Description of Debt		Activities and the second seco	
Name of Creditor House #	[2]		Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor		Louis	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
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State Zip Code	
Description of Debt		annight with Control of the Control	592053 L
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt	E	I LONG	