

copy 11st

# 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	FRIENDS OF KYLE FOUST								
Street Address	3823 STATION ROAD								
City	GRICE		State	PA		Zip Code	16510		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		11/5/19		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  2019 DEC -5 AM 10:29 ERLE COUNTY VOTER REGISTRATION
	10/22/19	12/5/19	
A. Amount Brought Forward From Last Report	\$	12800.24	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	.23	
C. Total Funds Available (Sum of Lines A and B)	\$	12800.47	
D. Total Expenditures (From Schedule III)	\$	4245.89	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8554.58	
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.		Affidavit Section	
I swear (or affirm) that this report, including the attached schedules or exhibits, is to the best of my knowledge and belief true, correct and complete.		If this is a Candidate report, candidate sign here.	
Sworn to and subscribed before me this		Signature of Person Submitting report	
day of Dec 20 19		KYLE M FOUST	
Signature		Printed Name	
My Commission expires 4-3-23		814 460-9150	
MO. DAY YR.		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	
day of Dec 20 19	
Signature	
My Commission expires 4-3-23	
MO. DAY YR.	
Signature of Candidate	
Printed Name	
814 218-3407	
Area Code Daytime Telephone Number	

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

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	FRIENDS OF KYUG FOUST		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 23
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>		\$	23

## 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 FOUST						Amount	
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 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.)

Filler Identification Number:	FRIENDS OF KYLE FOUST
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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]	\$

## 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 FOUST									
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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								

## PART E

## Other Receipts

REFUNDS, INTEREST 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:	
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Full Name	NORTHWEST SAVINGS BANK							
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
						10/31/19	.14	
Receipt Description	INTEREST							
Full Name	NORTHWEST SAVINGS BANK							
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
							.09	
Receipt Description	INTEREST							
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 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 KYLE FOJST

**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)

\$

0



**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

Filer Identification Number:	FRIENDS OF KYUG FOUST
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	0
House #					Date [MM/DD/YYYY]		\$	
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 #					Date [MM/DD/YYYY]		\$	
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 #					Date [MM/DD/YYYY]		\$	
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 #					Date [MM/DD/YYYY]		\$	
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**

Filer Identification Number:	FRIENDS OF KYLE FOUST
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To Whom Paid		KYLE FOUST			Date [MM/DD/YYYY]	10/18/19	\$	100 <sup>00</sup>
House #	524	Street Address	BOYER ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16511	REIMBURSEMENT		
To Whom Paid		LYNDA MAJERS			Date [MM/DD/YYYY]	10/25/19	\$	250 <sup>00</sup>
House #	5362	Street Address	LUNGER ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16510	CONTRIBUTION		
To Whom Paid		KEITH FOUST			Date [MM/DD/YYYY]	11/7/19	\$	72.26
House #	8677	Street Address	EAST LAKE ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16511	REIMBURSEMENT		
To Whom Paid		KYLE FOUST			Date [MM/DD/YYYY]	11/7/19	\$	90 <sup>00</sup>
House #	524	Street Address	BOYER ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16511	REIMBURSEMENT		
To Whom Paid		FOUST FOR CONTROLLER			Date [MM/DD/YYYY]	11/6/19	\$	1453.63
House #	4331	Street Address	NEPTUNE DRIVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	MAILING FEE REIMBURSEMENT		
To Whom Paid		BIROSCAL PRINTING			Date [MM/DD/YYYY]	11/6/19	\$	2230.00
House #	1919	Street Address	PEARL ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	MAILERS		
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:	FRIENDS OF KYLIE FOUST
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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						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)	\$	
City		State	Zip Code			
Description of Debt						