					F			

Print Form

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

		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.	snould be type		
Filer Identification Number			Repo	rt Filed E rk X)	3y Candi	date	Committee		Lobbyist
Name of Filing Commi Lobbyist	ttee, Candi	date or	F	RIGN	los of	VIIIC	FOUST	erreer (j. grand bestell better	17.65 % 37 to £5970055
Street Address				823	C771-	<u> </u>	DAD		
City	(~1)	46		025	State	() · · · · · · · · · · · · · · · · · ·	Zip Code	1, 5,0	
Type of Report (Place x				·		P4		16510	,
1-6 th Tuesday 2- 2 nd			4- 6th	Tuesday	5- 2 nd Frida	y 6- 30 Day F	ost 7- Annual	Special 2 nd Frid	ay Special 30 Day
		imary	Feb. 1897	lection	Pre- Electio	PALITY AND A PRODUCT		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		115119	Year		2019	Amendmei Report	nt	Termination Report	
Summary of Receipts a	ind Fr	om Date		To Date			For	Office Use Only	
Expenditures		0122119		121:	5 19				
A. Amount Brought Fo			\$		00,24			6	2019
B. Total Monetary Con (From Schedule I)	tributions a	and Receipts	\$, , , , ,	,23				3 8
C. Total Funds Available (Sum of Lines A and B)	在1992年 1992年		\$	1280	00,47			5 3 5 3 1 13	i i
D. Total Expenditures (From Schedule III)		y de la company Establisher (San	\$	42	45.89	1			
E. Ending Cash Balance			\$		54,58	1		er er €1 •1	ā
(Subtract Line D from L F. Value of In-Kind Con		Received	\$. <u>5</u> J.	71,08	-1		,	M 10: 29
(From Schedule II) G. Unpaid Debts and O	hliostione		\$		<u> </u>	_		Ę.,	\
(From Schedule IV)	uigations	をある。 4点 となど	٧		0				
Part 1- If this is a Committee	se report tre	easurer sign h		is is a Can	Affidavit S	ection			
I swear (or affirm) that this	report, incl	uding the atta	chedisch	eagles on	paper, is to th	e best of my kno	ere. wledge and belief to	rue, correct and con	nplete.
Sworn to and subscribed b	efore me thi	s 10	7		nwe	Maria	. An Ob. 1) a. al)	
day of 000		20 19	- Sone	nia Fernand Erfe ominission e	1 <u>8</u>	ayou	y+Van	uch	·
	DIVIC	andle		Erfe (of Pen		Person Subm	DADAU	
Signatul	* //-,2-	- ລ ຊ `			insylv	814	Printed Nam	°460015	n
My Commission expires	MO.	DAY YR.	- 8	Inty Inty res April (200	Area Code	Day	rtime Telephone Nu	mber
Part II- If this is a report of	a Candidate '	's Authorized	Commit	ee cand	®⊋ Bate shall sign	here.			
I swear (or affirm) that to t amended.	he best of m	y knowledge a	ind by	f this poli	committee	e has not violated	any provisions of t	he Act of June 3, 19	37 (P.L. 1333, NO.320) as
Sworn to and subscribed be	efore me this	s.	3	<u> </u>	<u></u>	\cap			
DIA day of LO	\ <u>^</u>	20 19			•	Y	My 4m	JT.	
Lonia (No		Mon	-		~	1	Signature of Candid	late	
Signiture	e Ar -	200			-		Printed Name	_	
My Commission expires	4-3-		-		_	814	<u>_</u> 2	18-3407	
Commonwealth of Pennsy	/Ivania - Not	tary Seai	•			Area Code	Dayt	lme Telephone Num	ber
Tonia Fernandez, İ Erle Cou		lic		······································		J		····	
My commission expir Commission numi	res April 3, 2								
Member, Pennsylvania Ass		 							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	سروا روس	~ 4				
系统。在各类的400mm(2003年2019)	W IGNOS	0/	WILL	COULCE	•	
	1 100000	-	PY W	かりつい		

1. Uniternized Contributions and Receipts-\$50:00 or Less per Contributor	MOSTATE	(MO)()	
2. Officernized Contributions and Neceppts-330.00 of Less per Contributor	, dy. Www.	wide. Kaba	
Total for the reporting period ((1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	*/>/ ₁		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	7 9 S	08. (58 bali (48)	
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)		沙雪	
Total for the reporting period (4	4)	\$, 23
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)	rt	\$, 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.

	FRIC	510S OF	LYLE FOUST		
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		VR. 0.7-14-8-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Date [MM/DD/YYYY] \$	
					i
City	Berneses verset of the	State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
basis d	Mark Company				·
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
		21.2			
Full Name of Co	intributing	1. 2-32 (2.04)	And the second s	Date [MM/DD/YYYY] \$	
Committee				7	
House #	Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
				### ### ### ### ### ### ### ### #### ####	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	p. 2. per 2. per 1. p	emographic appropriate [Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address)		Date [MM/DD/YYYY] \$	
City	4. 200. WHEEZ, 1886 (1.784 (1.	State	Zip Code	Date [MM/DD/YYYY] \$	
Paver filia Santa filia					
Full Name of Co	ntributing			Date [MM/DD/YYYY] S	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	·

City	12000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$	
	.: .				
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				100 100 100 100 100 100 100 100 100 100	
House #	Street Address			Date [MM/DD/YYYY] S	
			•		
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
다양하는 생범		DaGaGerra #1	[1988] [1887] [1887] [1887] [1887]	1 1/0°0°4	

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:	FRIGHTRS	or kyce	FOUST	•	
--	------------------------------	----------	---------	-------	---	--

				de I
Full Name of Contributor	•		Date [MM/DD/YYYY] S	0
House # Stree	Address		Date [MM/DD/YYYY] \$	<u> </u>
Gity	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 # Stree	t Address		Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		-	Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
Gty =	State	Zip Code	Oate [MM/DD/XYYY] S	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	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:	16405 X	c kyle foust		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Ad	idress		Date [MM/DD/YYYY] \$	
Gty	State	Zip Code	Date [MM/DD/YYYY] \$	<u>, ,</u>
Full Name of Contributing Committee			Date [MM/DD/YYYY] (5.	
House # Street Add	idress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	File Street Services	\$17.00-31353 SAZZA TIMA SON	Date [MM/DD/YYYY] \$	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributing Committee			Date (MIM/DD/XYYY) \$	
House # Street Add			Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Add	Reserve		Date [MM/DD/YYYY] \$	
City Street Add	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		#EIP-Code	Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Add	dress		Date [MM/DD/YYYY] \$	
City 1	State	Zin Code	Data IMM/DD/XXXX	

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:				· · · · · · · · · · · · · · · · · · ·	
	COULD TOC	00 /-	Constitution		
	MINOS	OF KYLES	10/300		
	1-10000	U DY CO	1-0-4		• .

Full Name of Contrib	ithe.			LEGISLATION OF THE PARTY OF THE	581
				Date [MM/DD/YYYY] S	Ô
House #	Street Address			Date [MM/DD/YYYY] \$	
City	A STATE OF S	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bus	iness				
Full Name of Contrib				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	** il-
Employer Mailing Add Principal Place of Bus					-
	Control of the Contro				
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
Full Name of Contribu	ACTION CANADAL SECURITARIA A MARKETA ALCA ALCA ALCA ALCA ALCA ALCA ALCA AL			Date:[MM/DD/YYYY] \$	
Full Name of Contribution House #	itor	State	Zip Code		
Full Name of Contribution House # City Employer Name	Street Address	State	Zip Code	Date:[MM/DD/YYYY] \$	
Full Name of Contribution House # City Employer Name Employer Mailing Adortinoipal Place of Busi	Street Address Ifess / ness	State	Zip Code	Date [MM/QD/YYYY] S Date [MM/QD/YYYY] S	
Full Name of Contribution House # City Employer Name Employer Mailing Add	Street Address Ifess / ness	State	Zip Code	Date [MM/QD/YYYY] S Date [MM/QD/YYYY] S	
House # City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribut House #	Street Address Ifess / ness			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
House # Contribution City Employer Name Employer Mailing Add Principal Place of Busing Full Name of Contribution House #	Street Address lifess / mess	State	Zip Code	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Date [MM/DD/YYYY] S	
House # City Employer Name Employer Mailing Add Principal Place of Busi Full Name of Contribut House #	Street Address dress / ness Street Address			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	

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:

	34(5.47 CS)			
Full Name	NOATHWES	ST SAUL	los bank	
House #	Street Address	- , , , , , ,	<u> </u>	
City		State	Zip Gode	Date [MM/OD/YYYY] \$ 14
Receipt Description	INTEREST			10 31119 14
Full Name	NORTHWES	T CALL	bs balk	
House #	Street Address	, 97,010,		
City	Total Control of the	State	Zip Code	Date [MM/DD/YYYY] S , 07
Receipt Description	INTEREST			
Full Name				
House #	Street Address	Tooley or a		No. on the last the second of
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1525-004
Full Name:				
	Street Address			
City		State	Zip Cade	Date [MM/DD/YYYY] \$
Receipt Description		- 1100 VIII - 1100	112001 2010 2010 1012 2010	. (985/97
Full Name				
	Street Address			
City	#5# ** *********************************	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		en restative (FDE)	THE STATE OF THE S	1 F2 23

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:	FRIGUES OF 1	ИK	6215sT
1. UNITEMIZED IN-KIND CONT	TRIBUTIONS RECEIVED-VALUE OF	SOU.UU UR	KLESS MER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.01/TO \$2	50.00 (FR	DM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250.00 (FF	OM/PART	G),
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBU	TIONS DURING THIS REPORTING	\$	
PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F		er	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification Number:	5016105	26	VIII	62150		
	1 1 1 COUNTY	UP	RVW	14050	 	

Full Name of Contribe		,			,
House #	Street Address				\$
City	·	State	Zip Göde	Date [MM/DD/YYYY]	\$
Description of Contril	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	*
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	的现在分词 电电流		•		
Full Name of Contribu	tor				
House:#	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib					
Full Name of Contribu					
House #	Street Address				
City Description of Contrib		State	Zip Code	Date [MM/DD/YYYY]	\$
				WK (Charles)	
Full Name of Contribu					
	Street Address				X
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	UUON		han make and the second		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: #16	JOS OF KYLE	FOUST	

	0000000				
Full Name of Contribut	tor			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 Add Place of Business	ress / Principal			Description of Contribution	
Full Name of Contribut	tor -			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Employer Name				Occupation	
Employer Mailing Addr Place of Business	ress / Principal			Description of Contribution	:
Full Name of Contribut	tor			Date [MM/DB/YYYY] .s	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution	
Full Name of Contribute	or			Date [MM/DD/YYYY] \$	
House #	street Address	, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$	
CIEV	3	State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Employer Name			To the Artifician State of the Artifician Ar	Occupation	
Employer Mailing Addr Place of Business	ess / Principal			Description of Contribution	

Statement of Expenditures

Filer Identification Number:	1000		_	
		20 1 1 1 1	~~~	
		W KILL		
	T INICIONAL		10004	
				the state of the s

To Whom Paid LYLE FOUST	Date [MM/DD/YYYY] \$ 000
House # 524 Street Address BOYER ROAD	Description of Expenditure
City State 710	061000 1066 10
To Whom Pald	REIMBURSEMENT
LYNDA MAJERS	10/25/19 250 "
House # 5362 Street Address WN 662 POMO	Description of Expenditure
City GLE State PA Zip Code: 16510	CONTRIBUTION
KENTH FOUST	Date [MM/DD/YYYY] \$ 72.26
House # Chart Address	Description of Expenditure
Gity Care State On Zip	ac a b a c a a a
To Whom Paid	REIMBURSOMENT
KYLE FOUST	1117119 900
House# 524 Street Address BOYER ADAYD	Description of Expenditure
City GLE State PA Code 10511	REMOURSOMENT
FOUST FOR CONTROLLER	Date [MM/DD/NYM] 5 1453.63
House # Stroot Address	Description of Expenditure
City State Zin	
To Wiking Dalif	MANUND FOE RENVOURSEMENT
BIRDSCAL PAINTNE	NIGHT BLANGEROUS
House # 1919 Street Address PGAUL ST	Description of Expenditure
City BRIE State PA Zip Code 16502	MALGRS
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip	
To Whom Paid	Date (MW/DD/NXX)
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 Numb	" FRIENDS OF	- Myle FOUST	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip	Laboration of the property of the contract of
Description of Debt Name of Creditor House#	Street Address	Code DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt	Arret Aggress	[MM/DD/YYYY]. State Zip Code	
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt Name of Creditor		State Zip Code	Outstanding Balance of Debt
City Description of Debt	Street: Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	\$
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip	
Description of Debt Name of Creditor		Code	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] State Zip	
Description of Debt		Code	