

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed (Mark X)	By Candid	ate	Committee	$ \mathbf{x} $	Lobbyist
Name of Filing Committee, Lobbyist	Candidate or	FRIEN	as of	KYLE FOL	JST		
Street Address		3823	_	ON ROMO			
City	RIE		SPA	PA	Zip Code	16510	,,,,,,,,,
Type of Report (Place x unde	er report type)						
1-6 th Tuesday 2-2 nd Frida Pre-Primary Pre-Primar		t 4-6 th Tuesday Pre-Election	7 5- 2 nd Friday Pre- Election	对。由160mm的特别或多特别的自由。20mm的主	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						\sim	
Date Of Election (MM/DD/YYYY)	11/5/19	Year	2019	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Dat	e		For	Office Use Only	
	6111119	10	121119				
A. Amount Brought Forward	l From Last Repor	* \$ 5	126677				
B. Total Monetary Contribut (From Schedule !)	ions and Receipt	\$ \$	181				
C. Total Funds Available (Sum of Lines A and B)		\$ 54	268,58			<u>~</u>	
D. Total Expenditures (From Schedule III)	er kraji (ji vi akyer)	S 6	1468.34				
E. Ending Cash Balance (Subtract Line D from Line C	1	A 12.0	800.24				C.
F. Value of In-Kind Contribut (From Schedule II)	and produce the latter of the contract of the second state of	\$	0			55. 34	energy and the second
G. Unpaid Debts and Obligat (From Schedule IV)	ions	\$	0			AT 10	
			Affidavit Se	ction		356.0	Man a di
Part 1- If this is a Committee rep I swear (or affirm) that this repo	ort, treasurer sign h rt, including the atta	nere. If thi s is a Ca ached sche dul es o	ndidate report, c	andidate sign here. best of my knowled	ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before	me this	fotary ublic	3, 202 8912 of Not	(Alnows, O)	m as I	0,0(2)	
day of UCTOD	*		E8 5 -	Signarung o	of Person Subm	Itting report	
Signature	MOM			Klock	rinted Name	14211	
My Commission expires	-3-13	th of Penns ernandez	ission expli	814		460-9150	
MO.	DAY YR.	ith of erna	nission expi nission num nisylvanie As	Area Code	Day	time Telephone Numbe	er :
Part II- If this is a report of a Canoliswear (or affirm) that to the bear	didate's Authorized	Committee dinc	lidete spall sign h	ere.			
amended.	st of my knowledge	and peller with		nas not violated any	provisions of ti	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before	me this	Ö Te		Ω	1 7		
ast day of Octobe	C_{20} $\frac{19}{}$	dia y	72 202. Nota	Lyl	4~	\	
- donia U	kernang	den les	Prii 3 2889 Ion of	K Signa	ature of Candid	ate	
Signature	2-12	Notes	res A res A social	RIY	Printed Name	8-3407	
My Commission expires MO.	DAY YR.	Penns	Erie County Ssion expires April 3, 2023 Ssion number 1288912 Sylvania Association of Notaries	rea Code		me Telephone Number	
		th of I	Ssion Ssion Ssion Sylva				
		Commonwealth of Pennsylvania - vona	mm mm Pen				
		E SE	My co Co Member,				

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number FRIENDS OF KYKE FOUST	· ·	
1.Unitermized 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)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	<u> </u>
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	an Santana Angles X. Lang	
Contributions Received from Political Committees (Part C)	\$	\circ
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	\circ
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	300 700 300 700	
Total for the reporting period (4)	\$	1,81
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	\$	1,00
Cover Page, Item B)		181

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.

	FR	46400 0	F KYLE FOUST		
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	-
					\circ
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					<u></u>
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		- (**	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
10° 11° 11° 11° 11° 11° 11° 11° 11° 11°					
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee			-		
House #	Street Address			Date [MM/DD/YYYY] S	w <u></u>
					•
City	P 3588_3885	State	Zip Code	Date [MM/DD/YYYY] \$	
gar growalt					
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee			-	y()()	
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] \$	
City	TARREST PARTY OF THE PARTY OF T	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee					:
House #	Street Address			Date [MM/DD/YYYY] \$	
		•			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee		<u>.</u>	· .		
House #	Street Address			Date [MM/DD/YYYY] \$	
					. 1
City	18 18 18 18 18 18 18 18 18 18 18 18 18 1	State	Zip Code	Date [MM/DD/YYYY] \$	
					·
					L L

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:	FRIGNOS	OF KYLE	FOUST	

Full Name of Contributor	,		Date [MM/DD/YYYY] \$	J
House # Street Addi	ress		Date [MM/DD/YYYY] \$	·
Citý	State	Zip Godé	Date [MM/DD/XXXX] \$	
Full Name of Contributor			Date (MM/Db/YYYY) \$	
House # Street Addi	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/OD/XYYY] \$	
Full Name of Contributor		,	Date [MM/DD/YYYY] \$	
House# Street Add	ress		Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street Addi	ress		Date (MM/DD/YYYY) S	
Chy	State	Zip Gode	Date [MM/DD/YYYY] S	
Full Name of Contributor			ØDate [MM/DD/YYYY] \$	
House # Street Addr	ress		Date (MM/DD/YYYY) \$	
Oty	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/DD/WYY] \$	
House # Street Addr	ress		Date [MM/DD/YYYY] \$	
Gitý	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.

Date [MM/DD/YYY] S Street Address Date [MM/DD/YYY] S Ill Name of mirrouting Committee Date [MM/DD/YYY] S Date [MM/DD/YYY] S Date [MM/DD/YYY] S Date [MM/DD/YYY] S Ill Name of mirrouting Committee Use # Street Address Y State Zip Code Date [MM/DD/YYY] S Ill Name of mirrouting Committee Use # Street Address Y State Zip Code Date [MM/DD/YYY] S Ill Name of mirrouting Committee Use # Street Address Date [MM/DD/YYY] S Ill Name of mirrouting Committee Use # Street Address Date [MM/DD/YYY] S Date [MM/DD/YYY] S Date [MM/DD/YYY] S Date [MM/DD/YYYY] S	eller (dentification Number:	1640s or	wire foust		
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State Zip Code Date MM/DD/YYYY S	more valence in the little of				0
Ill Name of Committee Date MM/DD/YYYY S	ouse# Street Addres	Š		Date [MM/DD/YYYY] \$	
Ill Name of Committee Date MM/DD/YYYY S	tv.		(#Z) EV #4 (Z-4%) (#	Describeration Appear	
Ill Name of ntributing Committee Date MM/DD/YYYY State Zip Code Date MM/DD/YYYY S		Jule	Zip code	Date (MIM)/DD/H141 3	
Date [MM/DD/YYYY] \$ If Name of ntributing Committee Use # Street Address Y State Zip Code Date [MM/DD/YYYY] \$ If Name of ntributing Committee Use # Street Address Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ If Name of ntributing Committee Use # Street Address Date [MM/DD/YYYY] \$ If Name of Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ If Name of Date [MM/DD/YYYY	BEACHBOANGBONACCO CYGCONGCOL ACHTOCCCC CONSOCIACOCC	- FEW 3:036		Date [MM/DD/YYYY] \$	
Il Name of	ontributing Committee				
Date [MM/DD/YYYY] S	ouse # . Street Address			Date [MM/DD/YYYY] \$	
Intributing Committee Date [MM/DD/YYYY] \$ If Name of Intributing Committee Date [MM/DD/YYYY] \$ Use # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Use # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/Y		State	Zip Code	Date (MM/DD/YYYY) \$	
Intributing Committee Date IMM/DD/YYYY S	Il Name of			Date (MM/DD/AYYY)	
State Zip Code Date [MM/DD/YYYY] S	ontributing Committee				
Il Name of ntributing Committee Date [MM/DD/YYYY] \$	ouse# Street Address			Date [MM/DD/YYYY] \$	
Il Name of ntributing Committee Date [MM/DD/YYYY] \$					
It Name of ntributing Committee Street Address Date [MM/DD/YYYY] \$	Y	State	Zip Code	Date (MM/DD/YYY) \$	
Street Address Date [MM/DD/YYYY] S	Il Name of			Date (MM/DD/XYXY)	
State Zip Code Date [MM/DD/YYYY] \$	ontributing Committee				
Date [MM/DD/YYYY] \$	ouse# Street Address			Date [MM/DD/MYYY] \$	
Date [MM/DD/YYYY] \$					
Street Address Date [MM/DD/YYYY] S	Y	State	Zip/Code	Date [MM/DD/YYYY] \$	
Use # Street Address Date [MM/DD/YYYY] \$ V State Zip Code Date [MM/DD/YYYY] \$ I Name of Date [MM/DD/YYYY] \$ stributing Committee Date [MM/DD/YYYY] \$ Use # Street Address Date [MM/DD/YYYY] \$	l Name of		1	Date MM/DD/AVXVI	.,
y State ZIp Code Date [MM/DD/YYYY] \$ Il Name of Date [MM/DD/YYYY] \$ ntributing Committee Date [MM/DD/YYYY] \$ Use # Street Address Date [MM/DD/YYYY] \$					
State Zip Code Date [MM/DD/YYYY] \$ If Name of number Date [MM/DD/YYYY] \$ use # Street Address Date [MM/DD/YYYY] \$	use# Street Address		<u> </u>	Date (MM/DD/YYYY) \$	
State Zip Code Date [MM/DD/YYYY] \$ I Name of Date [MM/DD/YYYY] \$ Intributing Committee Date [MM/DD/YYYY] \$ Use # Street Address Date [MM/DD/YYYY] \$					
ntributing Committee use # Street Address Date [MM/DD/YYYY] \$	y .		Zip Code	Date [MM/DD/YYYY] \$	
use # Street Address Date [MM/DD/YYY/] \$			arta en referir de la cons		
				Date (IMIM/DD/4444) \$	
	use# Street Address			Date [MM/DD/YYYY] S	4
V. State Zip Code Date (MM/DD/XYXX)				COMMON ASSOCIATION OF THE PROPERTY OF THE PROP	
	Ÿ	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)

File-Identification Number: FUENDS & WILL GOUST

Full Name of Contributor	. , ,		Date [MM//DD/\YYYY] \$)
.House# Street:Address			Date [MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM//DD/YYYY] 5	
Employer Name Employer Mailing Address /			Occupation.	
Principal Place of Business				
Full Name of Contributor			(Date: MM/DD/\Y\Y\	
House # Street Address			Date((MM/DD//YXY)) \$5	
Giry /	State:	Zip Code	Date [MM/DD/XY/V/I].	
Employer Name			Occupations	
Employer Mailing Address / Principal Place of Business		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Date (MIX/DD)/MYY/I	
House # Street Address	***************************************		Date (MM/DD/YYYY) \$	
GIV.	State:	Zip Gode	Date [MIN//DD/A4NA/I S	
Employer Name			Gceupation .	
Employer:Malling Address:/ Principal:Place of Business		•		
Full-Name of Contributor			Date IMM/DD/AYYM S	
House# Street Address			Date [MM//DD//YYYY] \$	
City	State	Zip Code	Date (MM/DD/YYYY) S	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				 .

Schedule 1 Part E-Other Receipts-Friends of Kyle Foust

Total Inter	9/30/2019 Northwest Savings Bank	8/30/2019 Northwest Savings Bank	7/31/2019 Northwest Savings Bank	6/28/2019 Northwest Savings Bank	Date
Total Interest Received	t Savings Bank	t Savings Bank	t Savings Bank	t Savings Bank	Payee
	122 Cook Avenue	122 Cook Avenue	122 Cook Avenue	122 Cook Avenue	Address
	Erie	Erie	Erie	Erie	City
	PA	PΑ	PΑ	PΑ	State
	16510	16510	16510	16510	Zip
	Interest	Interest	Interest	Interest	Reason
❖	⊹.	s	ş	⊹	Ą
1.81	0.44	0.46	0.46	0.45	Amount

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:	Feignos of vyle	60 US 1	
1. UNITEMIZED IN-KIND CO	NTRIBUTIONS RECEIVED VALUE OF	\$50.00 OF	LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01 TO \$	250,00 (FRO	DM PART F)
TOTAL for the reporting period	. (2)	\$	
3: IN-KIND CONTRIBUTION F	RECEIVED-VALUE OVER \$250.00.(F	ROM PART	G)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBER PERIOD (Add and enter amount total			
on Page 1, Report Cover Page, Item	· ·		O

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Erile (Identification Nation)	C-Ase lac a			
	MY/10a, 1738 - 1	1/2 1/1/1/1/20		
	(P(P(P(P(P(P(P(P(P(P(P(P(P(P(P(P(P(P(P	11/ 10/01/180 1	$M \times M \times M$	
			10001	

Full Name of Contribu	37 GW 1889				S71
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	oution	3	PEGGRACIA STATE ST	<u> </u>	· ·
Full Name of Contribu	itor	:		Date [MM/DD/MYY] S	
		····· · · · · · · · · · · · · · · · ·			
House #	Street Address		•	Date [MM/DD/YYYY] \$	
City	A STATE OF THE STA	State	Zip Code	Date (MM/DD/YYYY) \$	2000
Description of Contrib	sution				
Full Name of Contribu	ifona			Date [MM/DD/YYYY] \$	٠
70 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -				Zas p.m//5/	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	jution .				Alaman and a second a second and a second an
Full Name of Contribu	· Paris			IECTOPALY I VICTORIA MESSA	a
Puntanius y			İ	Date [MM/DD/YYYY] \$	
	Street Address			Date (MM/DD/YYYY) \$,
Glty		State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contrib	Aution	Notice occurrence Printer	Contract of the Contract of th	J'Starry	
Full Name of Contribu	tor			Date [MM/DD/YYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City 7		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ution	公司	[2373232224] F	- Pissoni]

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: FLIGIS OF WILL FOUS (and the policy
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	ist.				ZECKY.
Full Name of Contributor	於 於 於 於 於 於 於 於 於 於 於 於 於 於			Date [MIM/DD/YYYY]	
House# Str	eet Address			Date [MM/OD/YYYY]	\$
		Box range of Spirits	Edward Alegan and Hore and		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address Place of Business	i/Principal		 	Description of	
				Contribution	
Full Name of Contributor					\$
House# Stre	et Address			Date [MM/DD/YYYY]	\$
City	Secretary and the secretary secretar	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		(Statistical)	172810P100020010P1022711	Occupation	
Employer Mailing Address Place of Business	/ Principal			Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
	et Address				•
City		State	Zip Code		
Employer Name				Occupation	
Employer Mailing Address Place of Business	/Principal			Description of Contribution	
Full Name of Contributor		, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	
	et Address				5
City.		State	Zip Code		S
Employer Name				Occupation	
Employer Mailing Address Place of Business	/ Principal			Description of Contribution	

Date	Payee	Address	City	State	Zip	Reason	~	Amount	Check #
6/4/2019 Deluxe Check Charge	narge	122 Cook Avenue	Erie	PA	16510	Checks	·	29.50	
3/16/2019 Paul Foust		1032 West 10th Street	Erie	PA	16502	Reimburs.	₹	25.00	1070
6/21/2019 Kyle Foust		524 Boyer Road	Erie	PΑ	1421	Reimburs.	Ś	20.00	1076
7/8/2019 Kyle Foust		524 Boyer Road	Erie	PΑ	16511	Reimburs.	₹.	74.80	1077
7/21/2019 Kyle Foust		524 Boyer Road	Erie	PΑ	16511	Reimburs.	❖	26.48	1078
8/8/2019 HC Baseball Club	•	6375 Buffalo Road	Harborcreek	PΑ	16421	Sponsorship	ጭ	420.00	1079
8/26/2019 Kyle Foust		524 Boyer Road	Erie	PΑ	16511	Reimburs.	₹\$	75.00	935
9/7/2019 Committee to Elect Kim Clear	lect Kim Clear	6060 Briar Drive	Erie	PΑ	16506	Contribution	❖	250.00	1008
9/17/2019 Kyle Foust		524 Boyer Road	Erie	PA	16511	Reimburs.	Ś	50.00	1080
10/4/2019 Foust for Controller	ler	4331 Neptune Drive	Erie	PΑ	16506	Contribution	\$	0,000.00	1009
10/16/2019 Committee to Re-Elect Jack Lee	e-Elect Jack Lee	8620 Honeysuckle Drive	Erie	PΑ	16509	Contribution	₩	250.00	939
10/16/2019 Ken Foust		8467 Eagle Lake Road	Erie	PΑ	16511	Reimburs.	❖	247.56	940

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:	Frigues	06	Kyle	KOUSK	·		
Name of Creditor	The state of the s			Ps:Saprok			ding Balance of Debt
House # Street	: Address				DATE DEBT INCUR [MM/DD/YYYY	03000 URANO 630066 USAN LA PORCO	0
City				State	Zip Code		
Description of Debt				EXEMPLE A PROPERTY	The State of the S	1,以次至4	
Name of Creditor House # Street	Address				DATE DEBT INGUR	liktir i i i i i i i i i i i i i i i i i i	ding Balance of Debt
		·	·- <u>-</u>		[MM/DB/YYYY		
City Description of Debt				State	Zip Code		·
Name of Creditor House # Street	Address				DATE:DEBT(INCUR!	100000000000000000000000000000000000000	ling Balance of Debt
					[MM/DD/YYYY	2000年1000年1000年100日日本の大学は	÷
City	Tagginess serger			State	Zip Code		
Description of Debt Name of Creditor		-					
	Address			Ď	PATE DEBT INCURR	RED \$	ling Balance of Debt
City			,	State	[MM/DD/YYYY]		
Description of Debt			Anguara.	State	Code Code		
Name of Creditor		***************************************				SOutstand	ing Balance of Debt
House # Street A	Address			D	ATE DEBT INCURR [MM/DD/XXYY)	RED S	
City				State	21p		
Description of Debt		,	 		Code		
Name of Creditor			-			Outstand	ing Balance of Debt
House # Street A	ddress			D/	ATE DEBT INCURR	RED S	
-City				State	Zip		
Description of Debt			<u>'</u>		Code		