

## 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)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist FRIENDS OF KYLE FOUST					
Street Address 3823 STATION ROAD					
City	State	Zip Code			
ERIE	PA	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
<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)		Year	Amendment Report		
11/5/19		2019	<input type="checkbox"/>		
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only	
		6/1/19	10/21/19		
A. Amount Brought Forward From Last Report		\$	54266.77		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1.81		
C. Total Funds Available (Sum of Lines A and B)		\$	54268.58		
D. Total Expenditures (From Schedule III)		\$	41468.34		
E. Ending Cash Balance (Subtract Line D from Line C)		\$	12800.24		
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0		
Affidavit Section					
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.					
I swear (or affirm) that this report, including the attached schedules on paper to the best of my knowledge and belief true, correct and complete.					
Sworn to and subscribed before me this					
25 <sup>th</sup> day of October 20 19					
Signature of Tonia Fernandez					
My Commission expires 4-3-23					
MO. DAY YR.					
Signature of Person Submitting report					
Printed Name					
Area Code					
Daytime Telephone Number					
Part II- If this is a report of a Candidate's Authorized Committee, the Candidate will 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					
25 <sup>th</sup> day of October 20 19					
Signature of Tonia Fernandez					
My Commission expires 4-3-23					
MO. DAY YR.					
Signature of Candidate					
Printed Name					
Area Code					
Daytime Telephone Number					

ERIE COUNTY  
VOTER REGISTRATION

2019 OCT 25 PM 12:57

K

Commonwealth of Pennsylvania - Notary Public  
Tonia Fernandez, Notary Public  
Erie 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 KYLE 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)		\$	0
All Other Contributions (Part B)		\$	0
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)		\$	0
All Other Contributions (Part D)		\$	0
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)	\$	1.81
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>		\$	1.81

## 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.)

Filer 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]	\$			
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 ROUST
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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								

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

Date	Payee	Address	City	State	Zip	Reason	Amount
6/28/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.45
7/31/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.46
8/30/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.46
9/30/2019	Northwest Savings Bank	122 Cook Avenue	Erie	PA	16510	Interest	\$ 0.44
Total Interest Received							\$ 1.81

## 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 WYLE FOUST

**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 MYUE HOUSE
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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 WUE FOUR
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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-Friends of Kyle Foust

Date	Payee	Address	City	State	Zip	Reason	Amount	Check #
6/4/2019	Deluxe Check Charge	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	PA	1421	Reimburs.	\$ 20.00	1076
7/8/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	Reimburs.	\$ 74.80	1077
7/21/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	Reimburs.	\$ 26.48	1078
8/8/2019	HC Baseball Club	6375 Buffalo Road	Harborcreek	PA	16421	Sponsorship	\$ 420.00	1079
8/26/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	Reimburs.	\$ 75.00	935
9/7/2019	Committee to Elect Kim Clear	6060 Briar Drive	Erie	PA	16506	Contribution	\$ 250.00	1008
9/17/2019	Kyle Foust	524 Boyer Road	Erie	PA	16511	Reimburs.	\$ 50.00	1080
10/4/2019	Foust for Controller	4331 Neptune Drive	Erie	PA	16506	Contribution	\$ 40,000.00	1009
10/16/2019	Committee to Re-Elect Jack Lee	8620 Honey-suckle Drive	Erie	PA	16509	Contribution	\$ 250.00	939
10/16/2019	Ken Foust	8467 Eagle Lake Road	Erie	PA	16511	Reimburs.	\$ 247.56	940

\$ 41,468.34

**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 KYLE ROUS
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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						