

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Kyle Faust								
STREET ADDRESS 4376 Depot Road								
CITY Eric			STATE PA		ZIP CODE 16510			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE County Controller		DISTRICT NO.	PARTY Democrat	DATE OF ELECTION		
						MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY		1.				11	07	2023
2ND FRIDAY PRE-PRIMARY		2.						
30 DAY POST-PRIMARY		3.						
6TH TUESDAY PRE-ELECTION		4.						
2ND FRIDAY PRE-ELECTION		5.						
30 DAY POST-ELECTION		6.						
ANNUAL REPORT		7. <input checked="" type="checkbox"/>						
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR
				01 01 2024				12 31 2024
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0.00		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0.00		
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
						FOR OFFICE USE ONLY		
						2025 JAN 16 AM 11:36 ERIC FAUST VOTER REGISTRATION		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
15 DAY OF January 2024		Kyle Faust	
Lauren E. Thayer		PRINTED NAME	
SIGNATURE		814	
MY COMMISSION EXPIRES 12 20 2028		218-3407	
MO. DAY YR.		DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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		SIGNATURE OF CANDIDATE	
DAY OF 20			
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES		AREA CODE	
MO. DAY YR.		DAYTIME TELEPHONE NUMBER	