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

Filer Identification	Report Filed By Candid	ite Committee	Lobbyist
Number 42 - 22 78547 Name of Filing Committee, Candidate or	Mark X	The control of the co	The second secon
Lobbyist	Committee	To Elect C.	ody Foust
Street Address	5204 Laurela	f	
City Eric	State	PA Zip Gode	16 506
Type of Report (Place x under report type)		The special and the special sp	
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4			pecial 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary Pr	re-Election Pre-Election	Election	e-Election Post-Election
	ear and a second a	Amendment Te	irmination.
(MM/DD/YYYY) 11/7/2015	2024	Report Re	Point Control of the
Summary of Receipts and From Date Expenditures	To Date	For Offic	ce Use Only
The state of the s	12/3/2024		A second
A. Amount Brought Forward From Last Report	\$ 3917.26		
B. Total Monetary Contributions and Receipts	\$		
(From Schedule I) C. Total Funds Available	6		
(Sum of Lines A and B)	\$ 3917.26		Market of the second
D. Total Expenditures	\$		
(From Schedule III) E: Ending Cash Balance	\$.		economy general desired First Control of the Contro
(Subtract Line D from Line C)	3917.26		Control of the contro
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	e e	And the second s
G. Unpaid Debts and Obligations	\$ ()		9 4
(From Schedule IV)	9	2	(5)
Part 1- If this is a Committee report, treasurer sign here.	Ø Affida it Sec If this is a Candadate regort, da	didate sign bere	
I swear (or affirm) that this report, including the attached Sworn to and subscribed before me this	schedules on pager, is to the	est of my knowledge and belief true, co	orrect and complete.
17 day of January 20 25	ania Cem 142	V 1 A	1
ady of Occi II deci 4 20 00 5	Notary Notary Sounty es Decer Imber 14,	Signature of Person Submitting	report
Sue Sheffield Signature	of Pen Pffield, Erie Co expire ion nur	Kaysie Foust	
10 00 001	veath of Pen te Sheffield, Exlect Ission explination numission numination	Printed Name	70.76
My Commission expires $1 d - 0 d - 20 1 d$ MO. DAY YR.	1 4 0 0 C 1 4	8 19 706 Paytime	79 /9 Telephone Number
Part II- If this is a report of a Candidate's Authorized Com	Printed and the second	•	
I swear (or affirm) that to the best of my knowledge and	belief this distical cent mittee h		t of June 3, 1937 (P.L. 1333, NO.320) as
amended.	10 سعه حا		
Sworn to and subscribed before me this	Publ	Δ.	
It day of January 20 25	ity hity Sece	Cody Lovet	
She She Wrild	mnonwealth of Pennsylvania - Notal Sue Sheffield, Notary Public Erie County Commission expires December 2, Commission number 1424443 nber, Pennsylvania Association of Notation of Notation of Notation of Notation of Notation	Signature of Candidate	
Signature	of Pe of Pe expi	Printed Name	
My Commission expires 12 - 02 - 2024	wealth of P Sue Sheffie Erie mission ex pmmission Pennsylvani		5690
MO. DAY YR.	nmonwealth of Pent Sue Sheffield, Erie Co Commission expire Commission nur nber, Pennsylvania A	ea Code Daytime Te	elephone Number
	y coming		
	S S S		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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4 Elier identification Number =		
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Filer Identification Number	74 7 7 7 7 7 6 7 7 9	· · · · · · · · · · · · · · · · · · ·
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A STATE OF THE PARTY OF THE PAR		

1. Unitermized Contributions and Receipts-\$50:00 or Less per Contributor		The second secon	
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		1201.17	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	<i>\rightarrow</i>
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	6
Total for the reporting period	(3)	\$	6
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E			
Total for the reporting period	(4)	\$	O
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, Re Cover Page, Item B)	port	\$	C

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	on Number	92-	227854-	7	
	And the second s				Amount
Full Name of C Committee				Date [MM/DD/YYYY] \$	The state of the s
House #	Street Address			Date [MM/DD/YYYY] \$	
City	- Annual - Annual	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	The state of the s			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City	encen : Caralle and Caralle an	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee				Date [MM/DD/YYYY] S	
House #	Street Address			,Date [MM/DD/YYYY] \$	4 m
City Full Name of Co		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City States and Company of the Compa		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	American Parameter State Control of the Control of		Date [MM/DD/YYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	10 - 40 - 40 - 40 - 40 - 40 - 40 - 40 -

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:	
Eller Identification Number:	97. 227 8047
	/2 22/83//

Full Name of Contribu	itor				
				Date [MM/DD/YYYY]	\$ \$
100 M		- 6 H			The state of the s
House#=	Street Address			Date [MM/DD/YYYY]	
		.			
Gity :		State	Zip Code	Date [MM/DD/YYYY]	Parameters of the control of the con
		巍			
Full Name of Contribut	tor	_		Date [MM/DD/YYYY]	<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	5 .
	34.5				The state of the s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut	tor		Personal Control of the Control of t	Date [MM/DD/YYYY]	-\$-
and the second				The second secon	
House #	Street Address			Date [MM/DD/YYYY]	Table 19 (19) (19
City		State	Zip Code	Date [MM/DD/YYYY]	The state of the s
	200		Throne	pate MiniMan DUT	\$ 5
Full Name of Contribute			18		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Full Maine of South John	0		į	Date [MM/DD/YYYY]	(\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
House #	Street Address			Date [MM/DD/YYYY]	Testing and the second
			ļ		
City	Mil Volume	State	Zip Code	Date [MM/DD/YYYY]	\$
			16 75 8		
Full Name of Contributo	Š r.			Date [MM/DD/YYYY]	\$
				8 M	
House # S	Street Address			Date [MM/DD/YYYY]	\$
City			Zip Code	Date [MIM/DD/YYYY]	
<u> </u>					
Full Name of Contributo	or .		7	Date [MM/DD/YYYY]	\$
House # S	treet Address		<u> </u>	Date [MM/DD/YYYY]	\$
City C		State	Zip Code	Date [MM/DD/YYYY]	\$
				Date (Linux)	

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:		
	92- 22785	47

Full Name of 👊 😃 😑			
Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Addres	55		Date [MIV/DD/YYYY] \$
City = 1	State*	Zip Code	Date [MM/DD/YYYY] \$
Full Name of	All Annual Annua		
Contributing Committee			Date [MM/DD/YYYY] S
House # Street Addres	sŝ	NA STATE OF THE ST	Date [MM/DD/YYYY] \$
			The state of the s
City	State	Zip Code	Date [MM/DD/YYYY] 5
Full Name of	, at	21	Enderson
Contributing Committee		•	Date [MM/DD/YYYY] \$
House # Street Address	s		Date MM/DD/YYYY] \$
Gity	State	Zip Gode	Date [MM/DD/YYYY] \$
Full Name of			· 八· 游
Contributing Committee			Date [MM/DD/YYYY] 5
House # Street Address		10.1	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of		The state of the s	Francisco de Carlos de Car
Contributing Committee			Date [MM/DD/YYYY] \$.
House # Street Address			Date [MM/DD/YYYY] \$
			25 24 15 25 25 25 25 25 25 25 25 25 25 25 25 25 25 2
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of		The state of the s	Date [MM/DD/YYYY] \$
Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date MM/DD/YYYY] \$
		<u> </u>	
City.	State	Zip Code	Date [MM/DD/YYYY] \$
		<u>\$.</u> #	Name of 1 Section 2 o

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 Numbers	
92-2278547	
The state of the s	

	Laborator and Million			
Full Name of Contrib	utor		_	Date [MM/DD/YYYY] \$
				South and the state of the stat
House #	Street Address			Date [MM/DD/YYYY] \$
				Service of
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Atomic Arts	
				Occupation
Employer Mailing Add Principal Place of Bus				
Full Name of Contribu	SECTION AND ADDRESS OF THE PARTY AND ADDRESS O			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				Expendence of the control of the con
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				
				Occupation
Employer Mailing Add Principal Place of Busi	iness 🗼 🕒			
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$
			ļ	The state of the s
House #	Street Address			Date [MM/DD/YYYY] \$
, v			*	
City		State	Zip Code 77	Date [MM/DD/YYYY] \$
	A Halman			
Employer Name				Occupation
Employer Mailing Add Principal Place of Busi				And the state of t
Full Name of Contribu	tor		1	Date [MM/DD/YYYY] \$22
House #	Street Address	7 to 10 after the consequence and a		Date [MM/DD/YYYY] \$
		The second secon		
City =	1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
		- 100° 500° F		
Employer Mailing Add Principal Place of Busin				
3.10 magazina				

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.

		92.	227 859	7
Füll Name House #				
City	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Polymer Service Control of Contro	Parameter Control of the Control of
Full Name House #	Street Address	And district		
City. Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name				
House #	Street Address			
Receipt Description		State	Zip: Code	Date [MM/DD/YYYY] 5
Full Name				
House #	Street Address	Management of the state of the		
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name	Ž.			
House #	Street Address	State	71 0	Date [MM/DD/YYYY] \$
City Receipt Description			Zip Code	
Full Name				
House #	Street Address	State	Żip	Date [MM/DD/YYYY]\$
Receipt Description			Code	Date [MM/DD/YYYY] \$

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 dentification Number:	92-22	78647
1. UNITEMIZED IN KIND CONTRIBUTIONS R	EGEIVED VANUE OF \$50 00:	OR JESS PER CONTRIBUTOR
TOTAL for the reporting period (1)		
2. IN-KIND CONTRIBUTIONS RECEIVED-VALL	JE OF, \$50.01 TØ \$250.00 (F	ROM PART F)
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED VALUE	OVER \$250,00 (FROM PAR	il G)
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING PERIOD (Add and enter amount totals from boxes 1, on Page 1, Report Cover Page, Item F)	THIS REPORTING \$, 2, and 3; also enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbers	
E FILE IDENTIFICATION NUMBER	
Filer Identification Number:	
	92-2278647

EUI Name of Contributor	
Addition Continues	Date [MM/DD/YYYY] \$
	The state of the s
House # Street Address	
ancec muness	Date [MM/DD/YYYY] \$
	The state of the s
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	
Full rapic of Continues.	Date [MM/DD/YYYY] \$
	20 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
	-
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	and the state of t
Description of Contribution	
Full Name of Contributor	To the commence of the large of the commence of the control of the
	Date [MM/DD/YYYY] \$
	100 mm 10
House # Street Address	Date [MM/DD/YYYY] \$
With Charles	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	And the state of t
Full Name of Contributor	Date [MM/DD/YYYY] \$
	Spare MINISTER 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	The state of the s
	Date [MM/DD/YYYY] \$
	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
Description of Contribution	·
Full Name of Contributor	Date MM/DD/YYYY] \$
	The state of the s
House # Street Address	A manufacture of the control of the
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	
June 1	Date [MM/DD/XYXY] \$
	The control of the
Description of Contribution	170000

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		-
	92 - 227 85 47	

Full Name of Contributor	Date [MM/DD/YYYY] \$
	1200 miles
House # Street Address	Date [MM/DD/YYYY]
	The state of the s
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 # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
	STORY CONTROL OF THE PROPERTY
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description
1 Table 1 Tabl	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	- Company Comp
City State Zip Code	Date [MM/DD/YYYY] \$
	Section of the sectio
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date MM/DD/YYYY
	To the state of th
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of
	Contribution

Statement of Expenditures

Filer Identification Number:			
	92-	227 866	
	/ / /	2018391	. :

5 101	· · · · · · · · · · · · · · · · · · ·						
To Whom Paid				Dat	e [MM/DD/YYYY]	\$	······································
in the							
·House #	Street Address			Des	cription of Expen	diture	South Base South
1							
City		State	Zip Code				A company of the second
To Whom Paid		Program and the second		Dat	[MM/DD/YYYY]	= ses	
				Superior Sup		\$	
House #	Street Address			Desc	ription of Expend	liture	
City		State	Zip				
		Section 1 and 1 an	Code				
To Whom Paid				Date	[MM\DD\AAAA]	S	
A 7 3.39							
House #	Street Address			Desc	ription of Expend	iture	
City		State	Zip Code				And Administration of Property of the Control of th
To Whom Paid		it.			KATIS VIEWS VIEWS		
				Pare	[MM/DD/YYYY]	\$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Desc	ription of Expend	iture	
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City :		State	Zip Code				
To Whom Paid		7.000 C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Date	[MM/DD/YYYY]		
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House #	Street Address			Desc	iption of Expendi	ture	
City		State	Zip			<u> </u>	6 No. 15 No.
			Code				
To Whom Paid				Date	[MM/DD/YYYY]	\$	
House #	Street Address		,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Desci	iption of Expendi	ture	
City		State	Zip	B&			
			Code				
To Whom Paid:				Date	MM/DD/YYYY]	\$	
1 - 4							
House #	Street Address			Descr	ption of Expendit	ure	
City	W-1000000000000000000000000000000000000	State	Zip				
			Code				
To Whom Paid				Date	MM/DD/YYYY]	\$	
House #	C1.2.2.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4			T. Zakinasania			
1 6 3	Street Address			Descr	ption of Expendit	ure	
City		State	Zip		The state of the s		Access to Annual Control of the Cont
		₽	Code				1

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.

				 	parious
Filer Identification Number:				 	
	\sim \sim	~ ~ -			
	42-	ンシコ	8-64-		
	 	201	05//		

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 No.		State Zip Code	
Description of Debt		CONTRACTOR AND	学规(64)
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		The field of the group feeth, and	Secretaria de la constanta de
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	The state of the s	State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt.
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	.
City		tate Zip Code	
Description of Debt			