

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

	(Note.)	ms report mus	t be tlear and	riegible. It shot	ila pe typea	1	
Filer Identification Number		Report Filed E (Mark X)	ly Candida	te	Committee	X	Lobbyist
Name of Filing Committ Lobbyist	ee, Candidate or	Foust for Contr	oller				
Street Address		4331 Neptune	Drive				
City Er	ie	3	Canada	PA	Zip Code	16506	4
Type of Report (Place x	ınder report type)						
1-6 th Tuesday 2-2 nd	Friday 3- 30 Day Pos	4-6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Pri	n day ste Victoria in the 1980 to 1880 to 1880.	Pre- Election	Pre-Election	Election		Pre-Election	Post-Election
	1 []				X		
Date Of Election (MM/DD/YYYY)	ं। विग्रीय	Year		Amendment Report		Termination Report	
Summary of Receipts ar		To Date			For	Office Use Only	
Expenditures							
	11/28/2023		/31/2023		adiga da Delleja juda della s Legione delleja da Legiona		
A. Amount Brought For			3211.33			<u></u>	2024 JAN
B. Total Monetary Cont (From Schedule I)	ributions and Receipt	s \$	0.00			E B B America Militar were a Militar were a Militar and a second and a Militar and a second a second a Militar a second a second a second a Militar a second a second a Militar a second a second a second a Militar a second a second a second a Militar a second a second a second a second a Militar a second a second a second a second a Militar a second a second a second a second a second a Militar a second a second a second a second a second a second a Militar a second a	
C. Total Funds Available		\$,	3211.33				N
(Sum of Lines A and B) D. Total Expenditures	era ja taga a katalog siga yagan taga se aya da taga taga sa	\$	3211.33			4 2	N
(From Schedule III)			500.00			gradient and an area	
E. Ending Cash Balance (Subtract Line D from Li		\$	2711.33				73 10: 4
F. Value of In-Kind Cont	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	0.00			word a	-
(From Schedule II) G. Unpaid Debts and Ob	(1-448-2	(6) \$	0.00				
(From Schedule IV)	ingations	, , , , , , , , , , , , , , , , , , ,	0.00				
		S.	o A∰idavit Se				
Part 1- If this is a Committe	e report, treasurer sign l	nere. If this 15 a Car ached schedules o	renabes is to the	indidate sign here. best of my knowled	lge and belief t	rue, correct and comple	te.
Sworn to and subscribed be	efore me this	N Q	Sun	2021 01 1117 1111011112		,	-
I swear (or affirm) that this Sworn to and subscribed be 23 day of Jan	uary 20 24	ania Ty	ciati	Sur Poller	Parmil	Me.	
Ci. Ci	i (all)	Notion	Asso Asso	Signature	of Person Subn	nitting report	
Signature	effect	of Pennsylva iffield, Notar Erie Gounty	zona Bina Si	ue Ellen Pasquale	Printed Nam	ne	
	10 -01 7077	E E	issio sylva	14		-0343	
My Commission expires	MO. DAY YE	onwealth of Penn Sue Sheffleld I	8 E E -	Area Code		ytime Telephone Numb	 er
		1.5	<u> </u>		<u>,,,</u>		· · · · · · · · · · · · · · · · · · ·
Part II- If this is a report of a swear (or affirm) that to t	a Candidate's Authorized the best of my knowledge	and be this re	rdate shall sign h	ere. has not violated an	v provisions of	the Act of June 3. 1937	(P.L. 1333, NO.320) as
amended.		\v_v_ \	1 1 2		•, • · · · · · · · · · · · · · · · · · ·		
Sworn to and subscribed be	efore me this	Notary Jublic	of N	\wedge			
23 day of 1001	10 h 1 20 24	Put Put	ation at	که د لا	AM		
Co Cl	is in the second	nmonwealth of Pennsylvania - Notari Sue Sheffield, Notary-Public Erie Gounty-	Commission number 1424443 Member, Pennsylvania Association of Notar		nature of Candi	date	
Signatur	Melle.	d d N d	i a ka k	yle Foust	Printed Name		
	17-01-707/2	A Fire	Sion Sion 8	14	218-		
My Commission expiresN	<i> ナー()ナーチリテΨ</i> 10. DAY YR.	She	miss —	\rea Code		time Telephone Numbe	
	•	Sue	F. P.		•	,	
			D P			·	
		Com	Ĭ				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

		The state of the s	
Filer Identification Number			 •
	Foust for Controller		

Т	otal for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)			\$ 0.00
To	tal for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Page 1)	art D)		
Contributions Received from Political Committees (Part C)	<u> </u>	\$ 0.00
All Other Contributions (Part D)			\$ 0.00
To	tal for the reporting period	(3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Return	ned Checks, ETC. (From Part E		
То	tal for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Receipts during tenter amount totals from Boxes 1, 2, 3 and 4; also e			\$ 0.00

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 Foust for Co	ontroller			
an magasi matadapata galar.	Samuel State of the Control				Amount
Full Name of Co Committee	ntributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
nuuse #					
City	La Adesda Marked	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
Chy		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	intributing	Larry Service 18 A		Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributing	1333003 5.0 24		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co Committee	ontributing.	Project 20 24		Date [MM/DD/YYYY]	\$ - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
House #	Street Address			Date [MM/DD/YYYY]	.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	<u></u>	Approximately of the Approxima	Date [MM/DD/YYYY]	S
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S

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	n Number: Foust for C	Controller			
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
	Control (1920)				
House #	Street Address			Date [MM/DD/YYYY] \$	
		1200 Sept. 1000 Sept.			
City	200 Sec. 1998 S. 200 SESTERS	State	Zip Code	Date [MM/DD/YYYY] \$	
				6 394 3 394	
Full Name of Co	intributor	. ————————————————————————————————————		Date [MM/DD/YYYY] \$	
				100	
House #	Street Address	\$		Date [MM/DD/YYYY] \$	
	100000000000000000000000000000000000000				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
97,0097) (\$2,70° (40.0°)					
House #	Street Address	5		Date [MM/DD/YYYY] \$	
					Market
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	erwij waar beesel	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Date [MM/DD/YYYY] \$	
Full Name of Co	,,,c,ipucor			2 Jac-Tourn Con VI 11 (1) 15 34	
		a	***************************************	Date [MM/DD/YYYY] \$	#+ * ** ** ***
House #	Street Address			Date (WIN/DD/1111)	
		(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	(W) 1007_2002_200001	RESERVATION AND THE SECOND SEC	
City		State	Zip Gode	Date [MM/OD/YYYY] 5	
Full Name of Co	ntributor		1/5/04/9/5/9/5/4/3	Date [MM/DD/YYYY] \$	······································
	20 C C C C C C C C C C C C C C C C C C C			200 Company (1997)	
House#	 Street Address			Date [MM/DD/YYYY] \$	
	Jules Madies				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		TALLEY TO			

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: Fou	st for Controller			
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street A	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	
House # Street A	\ddress		Date [MM/DD/YYYY] \$	
City :	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5.	
House # Street /	Address		Date [MM/DD/XYYY] S	
Gity	State	Zip Códe	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY) \$	
House # Street A	Address		Date [MM/DD/YYYY] S	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street/			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] .\$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street A	Address		Date [MM/DD/YYYY] \$	
Chy	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 Nun	Foust for Cont	roller		
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address	·		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ac Principal Place of Bu	siness			
Full Name of Contrib	utor.			Date [MM/DD/YYYY]. \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	HOSSIGHT VORD SURESWEET	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name	(description)			Occupation
Employer Malling Ac Principal Place of Bu				
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address	,		Date [MM/DD/YYYY] \$
Gity	.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ad Principal Place of Bu				
Full Name of Contrib	utor			Date [MW/DD/YYYY] \$
House #	Street Address		, , , , , , , , , , , , , , , , , , , 	Date [MM/DD/YYYY] \$
City	Successive as total (2016) produced as	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		policy statement of	The big and another transfer of the first should be a second	Occupation
Employer Mailing Ac	idress /			

Principal Place of Business

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:	Foust for Controller			
Full Name				
House # St City	reet Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full:Name				
House # St	reet Address	State	Zip	Date [MM/Db/YYYY] \$
City Receipt Description			Code	
Full-Name				
	reet Address	Patricular Walter	F. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Date(MM/DD/YYYY) \$
City		State	Zip Code	Date [MM/DD/YYY] \$
Receipt Description Full Name				
	reet Address			
City		State	Zip Code	Date [MM/Db/YYYY] \$
Receipt Description				182840
Full Name House # St	reet Address			
CRY		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> </u>	
Full Name House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

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: Foust fo	r Controller		
1. UNITEMIZED IN KIND CONTRI	BUTIONS RECEIVED 2VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	ENCENTABLE OF \$500	M TO \$250.00 (ERON PARTE)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REGE	:IVED=VARHE/OVER\$\$25	O OO (FROM PART G)	up y
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPO	DRTING \$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; a	also enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: Foust for 0	ontroller		

·					
Full Name of Contribu	inor.			Date MM/DD/MW	
House #	Street Address			Date [MM/DD/XYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	STEP STATE OF STATE	Constitution and Security Conference American		
Full Name of Contribu	rtor.			Date (MM/DD/YYY)	'\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	And the Virginian and Virginian and I	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	oution		***		
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address		W .	Date [MM/DD/MYYY]	Š
City		State	Zip Code	Date [MM/DD//YYYY]	\$
Description of Contril	oution				
Full Name of Contrib	itor			Date [MM/DD/XXXX]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City Description of Contril		State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Contrib	itar.			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contri	Commission of the Control of the Con				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Foust for Controller	
Touch to Control Contr	
487 MEN TO TO THE SAME OF THE AND THE A	

Full Name of Con	tributor		·	Date [MM/DD/YYYY] \$
House #	Street Address		· •	Date [MM/DD/YYYY] \$
			Language and William L	
City:		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
				Description
Employer Mailing Place of Business	Address / Principal			of Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	2.52.00.09972.02.0			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			100 min 100 min in a contra de <u>April 1</u>	Occupation
	Address / Principal			Description
Place of Business				of Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address		A State of the sta	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	a da al calda da d		\$65 \$11 \$1 \$2 \$50 \$50 \$4 \$65 \$40\$	Occupation
Employer Mailing Place of Business	Address / Principal		33700-1-10	Description of
a di di Nasara	and the state of the			Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address	PART 1.		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		A Strate or account		
Employer Name	and a second		Transaction of Alexander Control	Occupation
Employer Mailing	g Address / Principal			Description
				of

Statement of Expenditures

Filer Identification Number:		
Foust for Controller		

To Whom Paid	Milloreal Page	rata Committee		Date [MM/DD/YYYY] \$	500.00
Address	Millcreek Democ			12/29/2023	J00.00
House # 1526	Street Address	High Street		Description of Expenditure	
City Erie		State PA	Zip Code 16509	mailer for democratic candida	tes
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>		Description of Expenditure	
	Juget Audies			a di di dia mangang katang mga mga mga mga mga mga mga mga mga mg	alada ng Galingga ngang Sanatag nagawa asan sading
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Description of Expenditure	
City		State	Zip Code		egyan ez eng warra e regere egyan (1977) theigh in a constitution (1989).
To Whom Paid		name modeling seek I		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	er geroer room under neder sin
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Pald				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	programme streets year the	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Filer Identification	Foust for Controller		
Name of Credite	ior (i)	Outstanding Balance of De	ebt
House #	Street Address	- DATE DEBT INCURRED \$ [MM/DD/YYYY]	<u>ENGRAPES</u>
City		State Zip Code	
Description of D	Sebt		
Name of Credito	or .	Outstanding Balance of De	ebt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	Special Community
City	la de la company	/State Zip Code	
Description of D			
Name of Credite		Outstanding Balance of Do	ebt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	_
Gity Description of D	The Conference of the Conferen	State Zip Code	
Name of Credite		Qutstanding Balance of De	aht.
Name of Crediti	Street Address	DATE DEBT INCURRED \$	
) Trees Audico	[MM/DB/YYYY]	
City Description of C	neht	State Zip Code	
		Outstanding Balance of De	
Name of Credito	Street Address	Outstanding Balance of De	2Dt
	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of D)ebt		
Name of Credito	or	Outstanding Balance of De	ebt

State

House #

City

Description of Debt

Street Address

DATE DEBT INCURRED

[MM/DD/YYYY]

Zip Code \$