

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	2) 2) 3) 3) 3)		Report Filed I ('Mark X)	By Candida	te	Committee		Lobbyist			
Name of Filing Committee, Candidate or Lobbyist			Foust for Contr	Foust for Controller							
Street Address			4331 Neptune	331 Neptune Drive							
City	Erie			State	PA	Zip Code	16506				
Type of Report (Plac	e x under i	report type)	•								
1-6 th Tuesday 2- Pre-Primary Pre			KUNDEN DANKINDA PIRUS I	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election			
Pre-Primary Pre	-Primary	Primary	Pre- Election	Pre-Election	LIECTION	N 2	r te ciection	Total Transfer			
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report		Termination Report				
Summary of Receipt	ts and	From Date	To Date	Alugada (Borga Fi Alaka Jakarak		For	Office Use Only				
Expenditures		11/26/2019	12	/31/2019							
A. Amount Brought	Forward F	rom Last Report	\$	6672.55	ESCH TOTAL TRUE TO THE TAXABLE TO TAXABLE TO	reservation (see la tradition de la Contraguer)	eg som dag here ko ungha siste ak a	and the second s			
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$ 6	9246.74							
C. Total Funds Avail: (Sum of Lines A and			\$ 1	5919.29							
D. Total Expenditure (From Schedule III)	22. 19. 10. 4-31. 11.		\$	7688.58			A.O. 70.7				
E. Ending Cash Balar			\$.	3230.71	VOTER JAN						
(Subtract Line D from F. Value of In-Kind C	1000	ns Received	\$	0.00				•			
(From Schedule II) G. Unpaid Debts and	d Obligatio	ins.	\$	0.00							
(From Schedule IV)				0.00				<u> </u>			
Part 1- If this is a Comm	nittee repor	t, treasurer sign he	re. If this iഉംCar	Affidavit Sec didate Eport, ca	ndidate sign here		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>			
I swear (or affirm) that Sworn to and subscribe day of	this report,	including the attac	hed schedilies or	photo the l	est of my knowle	dge and belief tr	ue, correct and comple	ete.			
day of		1/20A)	ania y	April 128	. Polla) Parts 1	into.				
Jan in 1 1	0 8 00 0	42000	nsylvan F. Nota bunty	mber Assoc	Signature e Ellen Pasquale	of Person Subm	itting report				
Signa	ature	NI COUL	of Penns Pander Erie Cb	ommission exp	e Ellen Fasquale	Printed Name	e				
My Commission expires	4-3	-23	e T	iissic iissic nsylv 18	4	833-	0536				
	MO.	DAY YR.	onwealth of Penn Onia Fernandea Erie Cb	Commission exploration exploration in Pennsylvania As	rea Code	Day	time Telephone Numb	er .			
Part II- If this is a report			Committee, cand	ate aall sign he				/2 / 4000 N = 610\			
I swear (or affirm) that amended.	to the best	ot my knowledge a	nd beliepthis pol	itical committee i	ias not violated an	y provisions of t	ne Act of June 3, 1937	(P.L. 1333, NO.320) as			
Sworn to and subscribe	d before me	e this	Seal	es.	\bigcirc .	1 -					
day of(anua	rY2020	20 20	Notar	Tyl	+-W	,				
Jonia Womandes			A P E	1288912 Rition of No NA	Sig le Foust	nature of Candid	late				
Signa	lture //	n 12	Avani Votar ntk	ociati		Printed Name	407				
My Commission expires	. <i>Ч-</i> _	DAY YR.	of Pennsylva nandez, Np Erie Count ion expires	a Asse	ea Code	218-34	407 me Telephone Numbe	<u> </u>			
	1410,	POI 10.	nonwealth of Pennsylvania - Nota Tonia Fernandez, Notary Publi Erie County Commission expires April 3, 20	sylvania Association of Notaries	ea couc	Dayu	me reichnotte Muttibe	'			
			Tonia Fe	2+ <i>C</i>	• •						
			Tonia I	er, Pen							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		 	 	
Luci incumination Manipel				
P. 1967 : 187 (1967)	Foust for Controller			
	I Guat for Controller			
在原始 医特别性神经 有点的 医动物切除性畸形				
Egyptic and the control of the contr				

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total 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
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	o is training	\$ 500.00
All Other Contributions (Part D)		\$ 0.00
Total for the reporting period	(3)	\$ 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 8746.74
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	\$ 9246.74

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 Controller			
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	1		Date [MM/DD/YYYY]	\$

City		State	Zip Code	Date [MM/DD/YYYY]	(\$
Full Name of Co			。 1987年 - 1988年 - 1988年 - 1988年 1987年 - 1988年 - 1988年 - 1988年 1988年 - 1988年 - 1988	Date [MM/DD/YYYY]	(1995) 1995) 제 원 기
Committee	Suthoring			Date (Milaton) 1 1111	\$
	Terror values.	<u>a</u>		[
House #	Street Address			Date [MM/DD/YYYY]	\$
		line and an analysis	Protect And Special	n Antsiyi (pp.honnd	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	\$2000 C		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	<u>al</u>		Date [MM/DD/YYYY]	<u> </u>
Ilouse ir				Pare Hunder	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
City		3 tac	ZIP Code	nare (Milathon) (111-11)	
Full Name of Co	ontributing	[海索※三江元]	보고 있다. 이렇게 있다면 함께	Date [MM/DD/YYYY]	\$
Committee				The section of the security for the section of the	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Published of State Control	State	Zip Code	Date [MM/DD/YYYY]	\$ 0 \$ 0 \$ 0
				<u> </u>	
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
		d A			
City	NASSES AND A ROPEN AND	State	Zip Code	Date [MM/DD/YYYY]	3
4.0		5 7 m v 1625 7 m v 1625			
Full Name of Co	ntributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
Contraction of the contraction o				5	
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 N	imber: Foust for Con	troller			
Full Name of Contr	ibuter			Date [MM/DD/YYYY] \$	
House #	Street Address		•	Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	ibutor	180-egite/Contribution	26 str = 20 26 str 20 26 str 20 2	Date [MM/DD/YYYY] (S	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Street Address				
City	•	State	. Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri				Date [MM/DD/YYYY] \$	
rui Maile Oi Coill	iou.or			Date (MM/DD/MM)	
0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	White the annual control of the cont				
House#	Street Address			Date [MM/DD/YYYY] \$	
	And the second second				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	butor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	学等联系是第分学学系会会	State	Zip Code	Date [MM/DD/YYYY] \$	1879
			All Control		
Full Name of Contri	butor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contri	butor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		[6] "新安莱德]			

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: Foust for Controller	
Full Name of Contributing Committee Ironworkers Political Action League Multi Candidate Committee	Date [MM/DD/YYYY] \$ 12/28/2019 500.00

The second of the second of the second	eof			Date [MM/DD/YYYY]	\$
Contribut	ing Committee Ironwork	ers Political Action Lea	gue Multi Candidate Committee	12/28/2019	500.00
House #	Street Addre		Date [MM/DD/YYYY]	\$	
	1750	New York Avenue N	I.W.		
City W	/ashington	State DC	Zip Code 20006	Date [MM/DD/YYYY]	
			2000		
Full Name Contribut	of ing Committee			Date [MM/DD/YYYY]	
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name Contribut	e of ing Committee	PWSAVASSAM	1900年的中央企业等的基础	Date [MM/DD/YYYY]	\$
House #	Street Addre	155 156		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name	of			Date [MM/DD/YYYY]	\$
	ing Committee				
House #	Street Addre	ŚŚ		Date [MM/DD/YYYY]	\$
City	[60.4567.00] ***********************************	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Contributi	of ing Committee			Date [MM/DD/YYYY]	\$
House#	Street Addre	SS	.	Date [MM/DD/YYYY]	5 .
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Contributi	of ng Committee	London Cartering (1994)	TOWN AND AND STREET,	Date [MM/DD/YYYY]	\$
House#	Street Addre	SS		Date [MM/DD/YYYY]	5
City		State	Zip.Code	Date [MM/DD/YYYY]	5
理的安心思维。		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u> </u>	

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: Foust forController	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Co	ntributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	.Zip Code	Date [MM/DD/YYYY] \$
Employer Name	and the second second		•	Occupation
Employer Mailin Principal Place o		44		The straight of the straight o
Full Name of Cor	tributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Óccupation
Employer Mailin Principal Place of	Business			
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
Gity	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin				Occupation
Principal Place of	Son Maria Courte Maria Andreas Andreas Michigan (1997)			
Full Name of Con				Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e como de como			Occupation
Employer Mailing Principal Place of				En in New York and the State State of The

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.

	er protein.	1			p							
Filer Identification Num	iner:	Foust for Controller										
	#											
Full Name	34530F346											
Fundanie		Friends of Kyle Foust										
House # 3823	Stre	et Address Station Road	t Address Station Road									
City			State	Zip	Date [MM/DD/YYYY] \$							
en e		Erie	PA	Code 1651	GEN 25-61-52-52-52-52-52-52-52-52-52-52-52-52-52-	417.78						
Receipt Description		transfer of balance remai	ning to close acco	unt								
Full Name		Millcreek Township Supe	rvisors									
House # 3608	Stre	eet Address West 26th St	reet									
City		35-0000-7-1-2-1 MANOUA F -	State	Zip	Date [MM/DD/YYYY] 5							
		Erie	PA	Code , 1650	6 12/13/2019 11	00.00						
Receipt Description		refund for sign deposit in	Millcreek Twp									
Full Name		Biroscak Printing Compar	•									
House # 1919	Stre	et Address Peach Street										
City	**************************************		State	Zip	Date [MM/DD/YYYY] \$							
		Erie	PA	Code 1650:	2 09/10/2019 2	28.96						
Receipt Description		check 522 lost in mail; ne	ver recieved by ve	endor. Reissued c	heck 540							
Full Name	eri Alian											
House#	Stre	et Address										
City			State	Zip Code	Date [MM/DD/YYYY] \$							
Receipt Description												
Full Name												
House #	Stre	et Address										
City			State	Zip Code	Date [MM/DD/YYYY] \$							
Receipt Description												
Full Name			*			<u>,</u>						
House #	Stre	et Address		 								
City			State	Zip	Date MM/DD/YYYYI S.	_						

Code

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

Foust for Controller		
CONTRIBUTIONS RECEIVED VALUE OF SE	Ò.00 C	JR LESS PER CONTRIBUTOR
(1)	\$	0.00
ONS RECEIVED-VALUE OF \$50.01.TO \$250).00:(F	ROM PART F)
(2)	\$	0.00
ONVOESERVEN VANNE OVED COEN OOVED	Magywi	
MARCER ED VALUE OVER 3230 00 (FNO	VICEAN	(I.G)
(3)	\$	0.00
		-
t totals from boxes 1, 2, and 3; also enter	1 ' 1	0.00
C	CONTRIBUTIONS RECEIVED-VALUE OF \$5 (1) ONS RECEIVED-VALUE OF \$50.01 TO \$250 (2) ON RECEIVED-VALUE OVER \$250.00 (FROM	(1) \$ ONS RECEIVED-VALUE OF \$50.00 CONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PAR (2) \$ ON RECEIVED-VALUE OVER \$250.00 (FROM PAR (3) \$ \$ TRIBUTIONS DURING THIS REPORTING t totals from boxes 1, 2, and 3; also enter

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	roust for Controller	-			

Market in Table 1 (1)	nachoway.	 			Letter 400 H
Full Name of Contrib	utor:			Date [MM/DD/YYYY]	\$
House #	Street Address		**************************************	Date [MM/DD/YYYY]	\$
City	1.4 oproposition - an age and particulation for	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				
Full Name of Contrib	utor	'		Date [MM/DD/YYYY]	(SE
House #	Street Address			Date [MM/DD/YYYY]	, \$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	bution ,				
Full Name of Contrib	ltor .	··		Date [MM/DD/YYYY]	
Angelia, and a state of the second					
House #	Street Address		. · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
				1111 E24440000000000000000000000000000000000	
City	8.5. George (2006) 2011, doi:10.10.50.50.50.00	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	oution				
Full Name of Contribu	itor		'' ' 	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$ ()
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Combon attendible (6) and Compared to the Compared to the	
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
				Sanda Armania (Armania Armania	
House #	Street Address			Date [MM/DD/YYYY]	\$
	100				
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib					
nescription of Contrib	MINION E				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Fleridentification Number: Foust for Controller		

To a company of the second of		Lancondone State Anna Service of the Control of the Service of the
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
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] \$
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] \$
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] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
		Contribution

Statement of Expenditures

Filer Identification Number:	Foust for Controller		

To Whom Paid				Date [MM/DD/YYYY]	S.			
Andrews III	Biroscak Printing Cor			12/10/2019	228.96			
House # 1919	Street Address	ach Street		Description of Expendi	ture			
City		State	Zip					
Erie		PA	Code 16502	1000 4x6 cards - replaced	ck 522 which was lost			
To Whom Paid	Biroscak Printing Cor	mpany		Date [MM/DD/YYYY]	\$ 6588,96			
	_			12/01/2019				
House # 1919	Street Address Pea	ach Street		Description of Expendit	ure			
City Erie	Printers From Conference and Confere	State PA	Zip Code 16502	palm cards and mailer po	st cards			
To Whom Paid	Discount Division Co.			Date [MM/DD/YYYY]	*\$`\			
and the second of the second o	Biroscak Printing Con	npany		12/10/2019	228.96			
House # 1919	Street Address Pea	ch Street		Description of Expendit	ure			
City Erie	The Part of State (2005) The Part of State (State PA	Zip Code 16502	palm cards				
To Whom Paid		The succession of the successi	THE SEPTEMBER OF THE PROPERTY OF	Date [MM/DD/YYYY]	\$			
and the second s	Biroscak Printing Con	npany		12/10/2019	228.96			
House # 1919	Street Address Pea	ich Street		Description of Expendit	ure			
City Erie State PA Zip Code 16502				additional palm cards				
To Whom Paid	Ken Foust			Date [MM/DD/YYYY]	\$ 00.00			
Property of the second			,	12/10/2019	82.20			
House # 8467	Street Address Eas	t Lake Road		Description of Expendit	ure			
City Erie		State PA	Zip Code 16511	sign materials				
To Whom Paid	Kevin Foust	 -		Date [MM/DD/YYYY]	. \$ 			
			· · · · · · · · · · · · · · · · · · ·	12/10/2019				
House # 1036		st 10th Street		Description of Expenditi	ure			
City Erie		State PA	Zip Code 16502	gas reimbursement				
To Whom Paid	Kyle Foust			Date [MM/DD/YYYY]	\$ 225.54			
House #				12/10/2019 Description of Expenditure	707			
4376	Street Address De	pot Road		Description of Expendit	ure - sector of the sector of			
City Erie		State PA	Zip Code 16510	reimburse election night ex	xpenses,gas and tickets			
To Whom Paid				Date [MM/DD/YYYY]	\$			
House# Street Address			Description of Expendits	ure				
City		State	Zip					
			Code					

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.

				
Eiler Identification Number				
l Filer Identification Number:				
rici iuciuiicaupii ituiipei.				
I FOUSI	for Controller			
Section 25 Section 15				

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Chy		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	(A)		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		To Water the Local Action and	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City 2		itate Zip Code	
Description of Debt		The degrees making and the degrees making states of	A. A. C.
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		tate Zip Code	
Description of Debt			