

# 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	1. X	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Kyle Foust</b>								
STREET ADDRESS <b>4376 Depot Road</b>								
CITY <b>Erie</b>			STATE <b>PA</b>		ZIP CODE <b>16510</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.							MO.	DAY
2ND FRIDAY PRE-PRIMARY 2.							11	05
30 DAY POST-PRIMARY 3.							YEAR 2019	
6TH TUESDAY PRE-ELECTION 4.							FOR OFFICE USE ONLY	
2ND FRIDAY PRE-ELECTION 5.							2019 NOV 27 AM 9:02 ERIE COUNTY VOTER REGISTRATION	
30 DAY POST-ELECTION 6. X								
ANNUAL REPORT 7.								
		DATES OF REPORTING PERIOD:		MO.	DAY	YEAR		
				10	22	2019	TO	
				11	25	2019		
		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	X			
		TERMINATION REPORT?	YES	NO	X			

## 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, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

27th DAY OF Nov. 2019

Tonia Fernandez SIGNATURE

4-3-23 DAY YR.

MY COMMISSION EXPIRES

Commonwealth of Pennsylvania - Notary Seal, Tonia Fernandez, Notary Public, Erie County

My Commission expires April 3, 2023

Member, Pennsylvania Association of Notaries

Kyle Foust SIGNATURE OF PERSON SUBMITTING REPORT

Kyle Foust PRINTED NAME

814 AREA CODE

218-3407 DAYTIME TELEPHONE NUMBER

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

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_ SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

\_\_\_\_ SIGNATURE OF CANDIDATE

\_\_\_\_ PRINTED NAME

\_\_\_\_ AREA CODE

\_\_\_\_ DAYTIME TELEPHONE NUMBER