

COMMONWEALTH OF PENNSYLVANIA
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 Foust																				
STREET ADDRESS 524 Boyer Road																				
CITY Erie			STATE PA		ZIP CODE 16511 -															
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION												
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		County Controller						MO. DAY YEAR 05 21 19												
		DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>02</td> <td>19</td> <td>19</td> <td></td> <td>05</td> <td>06</td> <td>19</td> </tr> </table>			MO.	DAY	YEAR	TO	MO.	DAY	YEAR	02	19	19		05	06	19	FOR OFFICE USE ONLY 2019 MAY -8 AM 9:01 KA ERLE COUNTY VOTER REGISTRATION	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
02	19	19		05	06	19														
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0																		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																		
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																		

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 8th DAY OF May 2019 Kimberly S Alexander SIGNATURE MY COMMISSION EXPIRES 10 31 2019 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT Kyle Foust PRINTED NAME 814 899-4519 AREA CODE DAYTIME TELEPHONE NUMBER
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COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 DAY OF 20 SIGNATURE MY COMMISSION EXPIRES MO. DAY YR.	SIGNATURE OF CANDIDATE Kyle Foust PRINTED NAME 814 899-4519 AREA CODE DAYTIME TELEPHONE NUMBER
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