

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST KYLE FOUST					
STREET ADDRESS 524 BOYER ROAD					
CITY ERIE		STATE PA	ZIP CODE 16544		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
6TH TUESDAY PRE-PRIMARY					
2ND FRIDAY PRE-PRIMARY					
30 DAY POST-PRIMARY					
6TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION					
ANNUAL REPORT					
DATE OF ELECTION					
MO. DAY YEAR					
5 21 19					
DATES OF REPORTING PERIOD					
MO. DAY YEAR					
1 1 19		TO 5 6 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	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY					
ERIE COUNTY Voter Registration MAY - 8 AM 9:11 AM					

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

5th DAY OF **May** 20**19**

Tonia Hernandez
SIGNATURE

MY COMMISSION EXPIRES **4-3-23**
MO. DAY YR.

Kyle Foust
SIGNATURE OF PERSON SUBMITTING REPORT

Kyle Foust
PRINTED NAME

814 **899-4519**
AREA CODE DAYTIME TELEPHONE NUMBER

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

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My Commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries