

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 4376 Depot Road								
CITY Erie			STATE PA		ZIP CODE 16510			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY	
1. 6TH TUESDAY PRE-PRIMARY							DATE OF ELECTION	
2. 2ND FRIDAY PRE-PRIMARY							MO. DAY YEAR	
3. 30 DAY POST-PRIMARY							11 05 2019	
4. 6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY	
5. 2ND FRIDAY PRE-ELECTION							2020 JAN 27 AM 11:28	
6. 30 DAY POST-ELECTION							VOTER REGISTRATION	
7. ANNUAL REPORT <input checked="" type="checkbox"/>							TC	

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	11	26	2019		12	31	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	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	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
 27th DAY OF January 2019

Signature of Notary Public: *[Signature]*
 Notary Public: *[Signature]*
 My Commission Expires: 4-3-23

SIGNATURE OF PERSON SUBMITTING REPORT: *[Signature]*
 PRINTED NAME: Kyle Foust
 AREA CODE: 814
 DAYTIME TELEPHONE NUMBER: 218-3407

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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

AREA CODE

DAYTIME TELEPHONE NUMBER