Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati Number : | on | 20240 | 0140 | | | | port ed B | | CA | NDII | DATE | | COMN | ITTEE | ✓ | LOB | BYIST | | |
|--|----------------------|--------------|-------------|-----------------------|------------|--------|--------------|-------|---------|--------|----------|--------|------------|----------------------|----------------|----------|---------|----------|----------|
| Name of Filing C | ommittee | e, Candida | ate or Lo | obbyist: | | CHR | RIS F | OSTE | R CC | MM: | ITTEE | TO E | LECT | | | | | | |
| Street Address: | 5532 | AVONDA | LE PL | | | | | | | | | | | | | | | | |
| City: | PITTS | BURGH | | | | | | | State | e: | PA | | | Zip Cod | ie: 15 | 206-1 | 405 | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRID PRIMARY | AY PRE | - | 2. | 30 DA | | Р | OST- | 3. | | AMENDMENT REPORT? | | Yes | N | 0 | / |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. | 2ND FRID. ELECTION | | ≣- | 5. | 30 DA | | Р | OST- | 6. | | TERMINATION REPORT? | | Yes | N | 0 | \ |
| report type) | ANNUAL | REPORT | 7. X | Year 2024 | 1 | | | | NG ME | | | | | PAPER | | \ | DISK | ETTE | |
| Name of Office S | - Sought by | Candidat | e: | - | | _ | | | DAT | ΕO | F ELE | СТІС | N | District Number | Office Code | Pa | rty Cod | Cour | |
| | | | | | | | | | МО | | DAY | ΥI | AR | -1 | TRE | FW | D | 02 | |
| STATE TREASU | RER | | | | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTI | ONS FOR | CODES |) |
| Summary of | • | and | МО | DAY | YEAR | ł | | | МО | | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | , | |
| Expenditures | from: | | 1 | 11 2 | 5 2 | 024 | Т | 0 | | 12 | , | 31 | 2024 | | | | | | |
| A. Amount Bro | ught Forv | vard From | Last R | eport | | | | \$ | • | | | 3,0 | 32.88 | | | | | | |
| B. Total Moneta | ary Contr | ibutions A | and Rec | eipts (Fro | m Sche | dule | : I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | 3,0 | 32.88 | | | | | | |
| D. Total Expend | ditures (F | rom Sche | dule II | I) | | | | \$ | | | | 1,4 | 41.84 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | | 1,5 | 91.04 | | | | | | |
| F. Value Of In- | Kind Cont | ributions | Receive | ed (From | Schedu | le II | :) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule I | V) | | | \$ | | | | 1 | .49.20 | | | | | | |
| | | | | | AFF | IDA | ١٧٢ | T SE | CTIO | NC | | | | | | | | | |
| PART I - If this is | a Comm | ittee repo | ort, trea | surer sign | here. | If th | is is | a Car | ndidat | te re | port, c | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | eport, inclu | uding the | attached s | chedule | s file | d on | paper | or by e | electr | onic m | edium | , are to t | he best o | f my knov | wledge | and be | ief , tr | ue |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | , | | 5 | ignature | of Perso | n Submitt | ing Re | port | | |
| | _ | | | | | | | - | | | | | | Prin | ted Name | | | | _ |
| My Commission Ex | pires | Signatur | e | | | | | | | | | | | Ema | il | | | | - |
| | | мо | D | AY | YR | | | - | | , | Are | ea Cod | le | | e Teleph | one Nu | ımber | | _ |
| Part II- If this is | a report | of a cand | idate's | authorize | d Comn | nitte | e, C | andid | ate sl | nall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and be | lief this | polit | tical | comm | ittee h | as no | ot viola | ted an | y provisi | ions of th | e act of J | une 3,1 | 937 (P | L. 133 | 3, |
| Sworn to and subsc | ribed befo | re me this | | | | | | | | | | | Si | ignature o | of Candida | ate | | | - $ $ |
| | day of — | | | | | | | _ | | | | | | Drinta | d Name | | | | _ |
| | 9 | Signature | | | | | | - | | | | | | | | | | | _ |
| My Commission Exp | | 3 | | | | | | | | • | | | | Ema | il | | | | _ |
| | _ | МО | D | AY | YR | 1 | | • | | | Area | Code | | Da | aytime T | elepho | ne Num | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| CHRIS FOSTER COMMITTEE TO ELECT | From: | 11/26/202 | <u>4</u> To: | 12/31/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 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 Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

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.

| Name of Filing Committee or Candida | te | F | Reporting | Period | | | |
|-------------------------------------|-------|-------------------|-----------|--------|------|----------|--------|
| | | F | From: | | То | ! | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committe | ee or Candidate | F | Reporting I | Period | | | |
|--------------------------|-----------------|-------------------|-------------|--------|------|------------|--------|
| | | F | From: | | To |) : | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 from Over \$250.00 in the reporting period.

| ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--------------------------------------|----------------------|----------|------------------|------|-----|------|---------------|------------|--|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 | |
| Mailing Address | | | | | | | - \$ | 0.0 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.00 | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | | | Rep | orting Pe | riod | | | |
|--|--------------------|---------------|----------|-----------|-------|------|--------|--------------------|
| | | | Fror | n: | | To |): | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | • | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | on 3. | | : | \$ | PAGE TOTAL 0.00 |
| | | | | | | | | |

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.

| Name of Filing Committee | or Candidate | | Report | ing Peri | od | | | |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
| | | | From: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4. | | | \$ | 0.00 |

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

| Name of Filing Committee or Candidate | Reporting Per | iod | |
|--|----------------|-------------------------------|------------|
| CHRIS FOSTER COMMITTEE TO ELECT | From: | <u>11/26/2024</u> To : | 12/31/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Car | ndidate | | Reporting Period | | | | | |
|---------------------------------|----------------------|------------------------|------------------|----------|------|-------------|------------|------|
| | | | From: | | | | То: | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | • | | |
| | | | | | - | | | |
| Enter Grand Total of Part F o | n Schedule II, In-Ki | nd Contributions Detai | led Sun | ımary Pa | ge, | | PAGE TOTAL | • |
| Section 2. | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|---|------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | Stat | e Zip | Code(Plus 4) | Desci | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TO | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

1,441.84

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|-------|-------------------|------------------|-------------|---------------|------------|--------------|--|
| CHRIS FOSTER COMMITTEE TO ELEC | CT | | From | 11/20 | <u>5/2024</u> | То: | 12/31/2024 | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| Chris Foster | | | | | | | | |
| Mailing Address 5532 AVONDALE | PL | | 12 | 4 | 2024 | \$ | 1,441.84 | |
| City PITTSBURGH | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| PA 15206 reimbursement to candida | | | | | candidat | te for mor | ney advanced | |
| | | | · | | | | PAGE TOTAL | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate | ne of Filing Committee or Candidate | | | | Reporting Period | | | | |
|---------------------------------------|---|-------------|--------|-----------|------------------|---------|-----------|--------------------------|--|
| CHRIS FOSTER COMMITTEE TO ELECT | | | From: | <u>11</u> | /26/2024 | То: | <u>12</u> | /31/2024 | |
| | | | | | DATE | | | standing ince of Debt | |
| Name of Creditor Chris Foster | | мо | DAY | YEAR | | | | | |
| Mailing Address 5532 Avondale Pl | | | | 12 | 4 | 2024 | \$ | 149.20 | |
| City Pittsburgh | State | Zip Code (P | lus 4) | Descript | ion of Deb | t | • | | |
| | PA | 15206 | | amount | to be forg | iven by | candid | ate | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Unpaid Debt | Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | \$ | 149.20 | |