

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20230014	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Tyler Titus							
Street Address	840 East 40th							
City	Erie	State	PA	Zip Code	16504			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7/23		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	<p>For Office Use Only</p> <p>2023 JUN 12 AM 8:28</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
A. Amount Brought Forward From Last Report	05/02/2023	06/05/2023	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	11,507.12	
C. Total Funds Available (Sum of Lines A and B)	\$	1,503.70	
D. Total Expenditures (From Schedule III)	\$	13,010.82	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	12,784.44	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	226.38	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	629.75	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

12th day of JUNE 20 23
Paul J. Monella II
 Signature

My Commission expires 12 18 2024
 MO. DAY YR.

Shraddha Prabhu
 Signature of Person Submitting report
 Printed Name

716 206-4275
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 PAUL J. MONELLA II - Notary Public
 Erie County
 My Commission Expires December 18, 2024
 Commission Number 1377505

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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. 520) as amended.

Sworn to and subscribed before me this

12th day of June 20 23
Paul J. Monella II
 Signature

My Commission expires 12 18 2024
 MO. DAY YR.

Tyler Titus
 Signature of Candidate
 Printed Name

814 431-4553
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 PAUL J. MONELLA II - Notary Public
 Erie County
 My Commission Expires December 18, 2024
 Commission Number 1377505

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	20230014		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 450.70
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	800.00
Total for the reporting period		(2)	\$ 1,050.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	1,503.70

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.

Filer Identification Number	20230014
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							Amount	
Full Name of Contributing Committee		LGBTQ Victory Fund PAC			Date [MM/DD/YYYY]	05/11/2023	\$	250.00
House #		Street Address			Date [MM/DD/YYYY]		\$	
City	Washington	State	DC	Zip Code	20005	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:		20230014					
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Full Name of Contributor		Beau M Whiteman			Date [MM/DD/YYYY]	\$	100.00
House #	1350	Street Address		Lewis St NE	Date [MM/DD/YYYY]	\$	
City	Washington	State	DC	Zip Code	20002	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Howard Pulchin			Date [MM/DD/YYYY]	\$	100.00
House #	300	Street Address		North End Avenue 11C	Date [MM/DD/YYYY]	\$	
City	New York City	State	NY	Zip Code	10282	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Darlene Ryan			Date [MM/DD/YYYY]	\$	100.00
House #	11654	Street Address		Martin Road	Date [MM/DD/YYYY]	\$	
City	Waterford	State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Marlo Torrelli			Date [MM/DD/YYYY]	\$	100.00
House #	4243	Street Address		Fargo Street	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Alexander Rose			Date [MM/DD/YYYY]	\$	50.00
House #	8530	Street Address		Lewis Rd	Date [MM/DD/YYYY]	\$	
City	Harborcreek	State	PA	Zip Code	16421	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Caroline Ross			Date [MM/DD/YYYY]	\$	100.00
House #	5110	Street Address		3rd St NW	Date [MM/DD/YYYY]	\$	
City	Washington	State	DC	Zip Code	20011	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	20230014
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Virginia Burger					05/07/2023		50.00
House #	148	Street Address		East 36 th		Date [MM/DD/YYYY]	\$
City		State		Zip Code	16504	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Stephanie Sedor					05/31/2023		100.02
House #	373	Street Address		Mingo Road		Date [MM/DD/YYYY]	\$
City	Wexford	State	PA	Zip Code	15222	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Kara Crannell					05/02/2023		100.00
House #	8706	Street Address		Meyfair Drive		Date [MM/DD/YYYY]	\$
City	McKean	State	PA	Zip Code	16426	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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 over \$250.00 in the reporting period.

Filer Identification Number:	20230014
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

20230014

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E
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.

Filer Identification Number:	20230014
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

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**

Filer Identification Number:	2023 0014
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	2023 0014
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	20230014
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	20230014
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To Whom Paid		Deliver Strategies, LLC				Date [MM/DD/YYYY]	\$	6,151.94
House #	Street Address		P.O. Box 100970		Description of Expenditure			
City	Arlington	State	VA	Zip Code	22210	Mailer		

To Whom Paid		Deliver Strategies, LLC				Date [MM/DD/YYYY]	\$	6,500.00
House #	Street Address		P.O. Box 100970		Description of Expenditure			
City	Erie	State	PA	Zip Code	22210	Mailer		

To Whom Paid		Erie Crawford Central Labor				Date [MM/DD/YYYY]	\$	125.00
House #	Street Address		West 8th Ste 502		Description of Expenditure			
City	Erie	State	PA	Zip Code	16501	Sponsorship Ad		

To Whom Paid		PNC Bank				Date [MM/DD/YYYY]	\$	7.50
House #	Street Address		Fifth Avenue		Description of Expenditure			
City	Pittsburgh	State	PA	Zip Code	15222	Bank Fee		

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number:		20230014					
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Name of Creditor		Deliver Strategies, LLC				Outstanding Balance of Debt	
House #	Street Address	P.O. Box 100970		DATE DEBT INCURRED [MM/DD/YYYY]		\$	629.75
				06/03/2023			
City		Arlington		State	VA	Zip Code	22210
Description of Debt		Balance of Mailer Services					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							