

# 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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Tyler Titus						
Street Address		840 East 40th						
City	Erie	State	PA	Zip Code	16504			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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

12<sup>th</sup> day of June 20 23

*Paul J. Monella*

Signature

My Commission expires 12 18 2024

MO. DAY YR.

*Tyler Titus*

Signature of Person Submitting report

Tyler Titus

Printed Name

814

Area Code

431-4553

Daytime Telephone Number

Commission Expires December 18, 2024

Commission Number 1377505

Commonwealth of Pennsylvania - Notary Public

Paul J. Monella II - Notary Public

Erie County

My Commission Expires December 18, 2024

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. 1335, NO. 320) as amended.

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_

Signature

\_\_\_\_

Signature of Candidate

\_\_\_\_

Printed Name

My Commission expires \_\_\_\_ MO. \_\_\_\_ DAY \_\_\_\_ YR.

\_\_\_\_

Area Code

\_\_\_\_

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	2023 0014		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 453.70
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	800.00
Total for the reporting period		(2)	\$ 1050.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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]	\$	250.00	
										05/11/2023	\$		
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]	\$	

## 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:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Beau M Whiteman						05/19/2023		\$	100. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
1350	Levis St NE		DC		20002			\$	
City	Washington		DC		20002	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Howard Pulchin						05/07/2023		\$	100. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
300	North End Avenue 11C		NY		10282			\$	
City	New York City		NY		10282	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Darlene Ryan						05/06/2023		\$	100. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
11654	Martin Road		PA		16441			\$	
City	Waterford		PA		16441	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Mario Torrelli						05/05/2023		\$	100. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
4243	Fargo St		PA		16510			\$	
City	Erie		PA		16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Alexander Rose						05/03/2023		\$	50. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
8530	Lewis Rd		PA		16421			\$	
City	Harborecreek		PA		16421	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Caroline Ross						05/02/2023		\$	100. <sup>00</sup>
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
5110	3rd St NW		DC		20011			\$	
City	Washington		DC		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:	2023 0014
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Virginia Burger					05/07/2023		\$	50. <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
148	E. 36 <sup>th</sup> Street				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16504			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Stephanie Sedor					05/31/2023		\$	100. <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
373	Mingo Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Wexford	PA	15222			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Kara Crannell					05/02/2023		\$	250. <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
8706	Mayfair Dr				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
McKean	PA	16426			\$			
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)

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

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

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

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



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:	
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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							
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**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:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

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

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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:	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]	\$
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							

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	
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	
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	
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	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

**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.

<b>Filer Identification Number:</b>	2002314
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>		
Deliver Strategies, LLC					\$ 629.75		
<b>House #</b>		<b>Street Address</b>	P.O. Box 100970				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]
							06/03/2023
<b>City</b>		Arlington		<b>State</b>	VA	<b>Zip Code</b> 22210	
<b>Description of Debt</b> Balance of Mailer Services							

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

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

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

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

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

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
House #	Street Address	P.O. Box 100970			Description of Expenditure		
City	Arlington	State	VA	Zip Code	22210	Mailer	
To Whom Paid		Erie Crawford Central Labor			Date [MM/DD/YYYY]	\$	125.00
House #	Street Address	32 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	300 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			