

# 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 <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	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2023 DEC -6 AM 8:14 VOTER REGISTRATION
	10/24/2024	11/27/2023	
	A. Amount Brought Forward From Last Report	\$ 3,835.02	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 143.28	
	C. Total Funds Available (Sum of Lines A and B)	\$ 3,973.28	
	D. Total Expenditures (From Schedule III)	\$ 0	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$ 3,973.72	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 6 <sup>th</sup> day of December 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Signature of Person Submitting report Shraddha Habhu Printed Name Area Code Daytime Telephone Number

Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , candidate 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 6 <sup>th</sup> day of December 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Signature of Candidate Tyler Titus Printed Name 814 Area Code 431-4553 Daytime Telephone Number

Notary Seal  
 Commonwealth of Pennsylvania - Notary Public  
 Angela L. Watson, Notary Public  
 Erie County  
 My commission expires December 2, 2026  
 Commission number 1425503  
 Member, Pennsylvania Association of Notaries

## Detailed Summary Page

**Filer Identification Number**

20230014

### 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

(1)

\$

10.31

**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

\$

132.97

\$

(2)

\$

### 3. Contributions Over \$250.00 (From Part C and Part D)

\$

\$

(3)

\$

10

## 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

(4)

\$

0

\$

150.00

THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

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## 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										
												Amount
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					Date [MM/DD/YYYY]	\$	123.13
Ian Price					11/06/2023		
House #	210	Street Address	Gross St		Date [MM/DD/YYYY]	\$	4.92
					11/04/2023		
City	Pittsburgh	State	PA	Zip Code	15224	Date [MM/DD/YYYY]	\$
					12/04/2023		4.92
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]	\$
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:	
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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]	\$

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
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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							
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							
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							
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							

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:	20230014
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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						

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	20230014
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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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</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>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: 20230014

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