Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20	0230014	Report Filed By Candidat (Mark X)			te	Committee	X	\ Lo	bbyist
Name of Filing Comm Lobbyist	Name of Filing Committee, Candidate or Lobbyist			Frie	nds of	Tyler	Titus			-
Street Address			840 Ea	st 40th						
City	Erie	<u> </u>	·		State	PA	Zip Code 16504			
Type of Report (Place	x under r	eport type)					···			
1-6 th Tuesday 2-2 Pre-Primary Pre-	nd Friday Primary	3- 30 Day Post Primary	4- 6 th Ti Pre- Ele		5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special Z ^{no} Fri Pre-Election		ecial 30 Day ost-Election
						X				
Date Of Election (MM/DD/YYYY)		11-7	Year ⊘0Э	- 1-3		Amendment Report		Termination Report		
Summary of Receipt	s and	From Date		To Date			For	Office Use Only	<i>i</i>	
Expenditures	on a section of the s	10/24/2024	 -	111	27/2023					na e 1,5 meta 1. Belliks Filmse
A. Amount Brought	Forward F	rom Last Repor	t \$	3	,835.02	este ver da <u>ng samulah mandare</u>	and the second s	And the second s	23	and a first of the second
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipts	\$		143.28				2023 DEC	
C. Total Funds Availa (Sum of Lines A and	Transfer of the state of the st		\$	3	,973.28		•		- 등 하	
D. Total Expenditure			\$		0			4,5 kg		
(From Schedule III) E. Ending Cash Balan		into de la compación de la com	\$ 3,973.72							
(Subtract Line D fron F. Value of In-Kind C		ns Received	\$						gar Billion Salara Million	
(From Schedule II)										
G. Unpaid Debts and (From Schedule IV)	I Obligatio	ins	\$		0					
	······································	and organized association and to be	5	3	affidavit Se					
Part 1- If this is a Comm I swear (or affirm) that	intee repor this report,	τ, treasurer sign h including the atta	ere. If the	s is a Gan Notes of the second	n paber, is to the	best of my knowle	dge and belief t	rue, correct and c	complete.	
I swear (or affirm) that Sworn to and subscribe	d before m	e this		nissk mmk	realth pla L.	AV)	1.1			
day of Dec	<u>imbi</u>	<u>r 20 23</u>		% 18 13	of Pe	\mathcal{L}	of Person Subr	nitting report		
aufico	K. W	tla _	_	하구속	0 % 3 L	Shrac	Printed Nan	Habhu	· · · · · · · · · · · · · · · · · · ·	
O Signa	13/1	12/2034	,	Dec 1	nnsylvania - on, Notary County		i initeu Nafi			
My Commission expires	MO.	DAY YR		res December 2 umber 142550 Association of N	a- Nota	Area Code	Da	ytime Telephone	Number	
Part II- If this is a report	of a Candi	date's Authorized	Commit	teg, cand	idate shall sign h	ere.	w provisions of	the Act of lune 2	1937 (9)	1333 NO 320\ =
I swear (or affirm) that amended.	to the pest	or my knowledge	and belle	i grins poy	Hillar Committee	nas not violated af	A MICARIOUS OF	the Act of Julie 3,	y asover (File	. 2000, 140,040/ 0
Sworn to and subscribe	d before m	e this	Wen	Мусо	Com	-1	7.			
day of De	cent	be 20 23	Member, a	ine.	monwe Anget	- Just	4			
My Commission expires 12/02/9 VR. My Commission expires 12/02/9 VR. My Commission expires 12/02/9 VR. My Commission expires 12/02/9 VR.				eatth Ha L.	Tyle		<u>15</u>			
Signa	aturé 1	12.4	ه هانون	sion (of Penns Watson,	Cit !	Printed Name	141-2166	2	
My Commission expires	12/0	2/2020 DAY YR.		pires		Area Code	 	パクト イクク vtime Telephone N	Number	
	IVIU	DAI IK.		nexpires December 2 sion number 1425503	ylvania Notary	711 CU COUL	50)			
				embe 4255	a - Notar ry Public		 -			
				ber 2	돌혈					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

20230014		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	10.31
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	132.97
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
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)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and	١	

150.00

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

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	n Number 20230014			· · · · · · · · · · · · · · · · · · ·	
	20230014				A ma accord
	25444			To grandone	Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	. . .
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
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Chy	DESCRIPTION OF TRAINING	State	Zip Code	Date [MM/DD/YYYY]	
#2 1 - 51 12 13 13 13 13 13 13 13 13 13 13 13 13 13		erretten? Eli de li			NO. 1 Deg. 3
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$:
is harden som Familier og Forettige					11 11
City	<u>, a samen e Wedd</u>	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributing	pulgarenii, du	udusta opako H	Date [MM/DD/YYYY]	1
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
					# <u>#</u>
City		State	Zip Code	Date [MM/DD/YYYY]	S
	No. of the last of	nake sa e daka		LANCE TO THE PARTY OF THE PARTY	100 mg 10
Full Name of Col Committee	intributing			Oate [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	pos so spagobe do Belliff	State	Zip Code	Date [MM/DD/YYYY]	\$
					[1:1:1] [2:1:1]
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	42. 3 \$ 4.
					F8.7 1.1 20.5 20.5
City	100 000 001 000 001 000 001 000 000 000	State	Zip Code	Date [MM/DD/YYYY]	
Chill Rizzzzzzzzzzz	Wellis alma			Date [MM/DD/YYYY]	
Full Name of Cor Committee	orn muting			Date IMM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	3
			東非教法主義 1285年1月 20		TS, 8 1

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	and the second of the second o	 		The second second	
and identification trainers			and the second second second second		
	20230014		the second second second		
		 2000			

Full Nam	ne of Contribu	itor		terren i de la companya de la compa	Date [MM/DD/YYYY] \$	
		Ian Price			11/06/2023	123.13
House #	210	Street Address G	ross St		Date [MM/DD/YYYY] S 11/04/2023	4.92
City	oittsburgh		State PA	Zip Code 15224	Date [MM/DD/YYYY] \$ 12/04/2023	4.92
Full Nam	e of Contribu	tor			Date [MM/DD/YYYY] \$	
House #		Street Address			Date [MM/DD/YYYY] \$	
City			State	Żip Code	Date [MM/DD/YYYY] \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Nam	e of Contribu	tor			Date [MM/DD/YYYY] - \$	
House#		Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam	e of Contribu	tor		Manager and the second second	Date [MM/DD/YYYY] \$	
House #		Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam	e of Contribu	tør		erroren arrigiar erroren bildaria erroren bildaria. Bildaria	Date [MM/DD/YYYY] \$	
House#		Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam	e of Contribut	ior.			Date [MM/DD/YYYY] \$	
House #		Street Address			Date [MM/DD/YYYY] \$	
City			State	Zíp 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:

Full Name of				Peare MM/PD/MM	
Contributing Co	mmittee		·		
House #	Street Address			Date [MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/MMM] S	
				는 (건설 타) 연도 단고(설	·
Full Name of			.,	Date [MM/DD/YYAY) \$	
Contributing Co	mmittee			177.0	
House #	Street Address			Date (MIX/DD/YYYY)	
				Proceedings of the Control of the Co	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		3.0.5			
				Date MM/DD/WWW	
Full Name of Contributing Co	mwittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		14.500.400			
Full Name of			SALLE CONCLUMN CONCLUENCE (NEW YORK)	II DETCENTIVI (A DIPANAMI III ES	
Contributing Co	mmittee	4		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

House#	Street Address			Date [MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				177 278 277 278 277 278	
Full Name of				Date [MM/DD/YMY] = \$	
Contributing Co	mmittee		•		
House#	Street Address			Date [MM/DD/YYYY] \$	
Ax		State	Zip Code	Date [MM/DD/YYYY] \$	
City		3.4	1 10 1 10 10 10 10 10 10 10 10 10 10 10		
			The year of the Advances of th		
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
	jeden.				
House #	Street Address			Date [MM/DD/YMY] \$	
City		State	Zip Code	Date [MM/DD/WAW] \$	
				The state of the s	-
					Trans.

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: 202	30014			
Full Name of Contributor			Date [MM/DD/AYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] .\$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business		10.44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Occupation	
Full Name of Contributor	Activity in the control of the contr		Date [MM/DD/YYYY] \$	
House # Street A	ldress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor			Date [MM/DD/YYYY] \$	٠,
House # Street Ac	ldress	The Atlanta Nations of the Atlanta o	Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MIVI/DD/YYYY] \$	
Employer Mailing Address /			Occupation	
Full Name of Contributor			Date [MIM/DD/YYYY] \$	·
House # Street Ad	dress		Pate [MM/DD/YYYY] \$.
City	State	Zip Gode	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.

	20230014		<u> </u>	
Him along the same green about 10 to 16 son a feel and 10 mm.	a contist			
Full Name				
House #	Street Address			
		State	Zip Code	Date (MIV)/DD/YYYY) \$
Receipt Description		province; our county		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/MYY] \$
Receipt Description		Biggs Aggregoty at 5 and 6 ames 1	Booming Post Conference	
Full Name			· · ·	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				程辞
Full Name		, "		
House# Historia	Street Address	<u></u>		
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				[[27]]
Füll Name	1921 nprist	****	···	
House #	Street Address			
City	FOR A POST OF THE	State	Zip. Code	Date IMM/DD/AMMI \$
Receipt Description		CARRAMUTI	EASTEROTHONS	18804
Full Name	2007-246-508		· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			
Gly	To restrict the Control of Contro	State	Zip Code	Date [MM/DD/XYYY] \$
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 Numbert	20230014					
			, and the second of the secon			
1. UNITEMIZED IN KIND	CONTRIBUTIONS RECEN	/ED-VALUE OF \$50.00 O	R'LESS PER CONTRIB	UTOR		
TOTAL for the reporting period	(1)	\$				
2. IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF	\$50.01 TO \$250.00 (FR	OM PART F)			
TOTAL for the reporting period	(2)	\$				
3. IN-KIND GØNTRIBUTIO	ON RECEIVED-VALUE OVI	ER \$250,00 (FROM PART	G)		Michigan Colon	
TOTAL for the reporting period	(3)	\$				
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, a					

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 20230014		•	

Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	****
House #	Street Address				
city		State	Zip Code	Date [MM/DD/YYYY]	\$
			Advironing English		
Description of Contrib	lution			·	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
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ere ar gradationi.					
House #	Street Address			Date [MM/DD/YYYY]	\$
		Charles		Date [MM/DD/YYYY]	S .
City		State	Zip Code	nate (Mix/pp/114)	
Description of Contrib	ution	contracte supplies		l	
					0.54.56
Full Name of Contribu	tor			Date MM/DD/YYYY)	
House #	Street Address			Date MM/DD/YYYY	\$
TIDUSE #	Succet Address			2000 (1110/20) 11 111	.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	erija elinek		<u>. </u>	
Peacify in the second of the s		<u></u>		·	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
9949940 9 5					
			, ,		
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date MM/DD/YYYY	Sinisi Si
		J.a.c			
Description of Contrib	ution				
Full Name of Contribu	vor		······································	Date MM/DD/YYYY	\$
TO HAME OF COLUMN					
House #	Street Address			Date [MM/DD/YYYY]	5
190				Annual Commercial Conference of the Conference o	
			No. of the state o	AT STANDARD STORE OF THE CONTROL OF	
City		State	Zip Code	Date [MM/DD/Y/YY]	
	•				
Description of Contrib	ution	eogrepistusis	Petronic State de Santa de Caracter de		
					<u> </u>

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 20230014			···	

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	In an appropriate to the second secon		Date [MM/DD/YYYY] \$
CIÙ:	State Zip	p Code	Date [MM/DD/YYYY] \$
Employer Name		And Addition to the contract of the contract o	Occupation 5
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor		#2,748	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City .	State Zip	entra Crimina di Nata di Anglia	Date [MM/DD/YYYY] \$
Employer Name			Occupation /
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor		<u> </u>	Date [MM/DD/YYYY] \$
House # Street Address	15 0000 (100		Date [MM/DD/YYYY] \$
City	State Zip	**************************************	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	A CONTRACTOR OF THE CONTRACTOR		Description of Cantribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	Tort flat interesting to the second	ACCOUNTS OF THE PROPERTY OF TH	Date [MM/DD/YYYY] \$
City Employer Name	State Zip (Date [MIM/DD/YYYY] \$
Employer Mailing Address / Principal			Occupation
Place of Business		Ē	Description of Contribution

Statement of Expenditures

20230014				
20230014				
Filer Identification Number: 20230014				

To Whom Paid				Date (MM/DD/YMY) - S	
House #	Street Address			Description of Expenditure	
Gity	5.00 C. (000-0000000 (America) 7-0000000 (America) 7-00000000 (America) 7-000000000000000000000000000000000000	State	Zip Code		
To Whom Paid		E. C.		Date [MM/DD/YYYY] \$	
	The same of the sa			Description of Expenditure	
House #	Street Address			Description of Expenditure	
City	F1895-14 (4000-2011) 5770-277 (118-2011) 57	State	Zip Code		
Te Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Chy	The second secon	Sale	Zip Code		
To Whom Paid				Date (MM/DD/YYYY) 5	
House #	Street Address			Description of Expenditure	
City	[-1444-450-272] (-145-450-172-	State	Z/p Code		
To Whom Paid				Date (MM/pp/YYYY) \$	
lause#	Street Address			Description of Expenditure	
		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY) \$	
Nouse#	Street Address			Description of Expenditure	
elty		State:	Zip Code		
To Whom Paid				pate (MM/DD/YYYY) \$	
House #	Street Address			Description of Expenditure	
dy		Siale	Zip Code		5477
To Whom Paid				Date [MM/DD/YYYY) \$	
House #	Street Address			Description of Expenditure	
GIV.	PARESTER CORECTE STREET STREET STREET STREET	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:		· · · · · · · · · · · · · · · · · · ·	11.	the state of the state of the state of the state of
contract cold at a large and	20230014	i.	· · · · · · · · · · · · · · · · · · ·	

Name of Creditor						Outstand	ling Balance of Debt
House #	Street Addr	ress.			DATE DEBT INCURE [MM/DD/YYYY]	CONTRACTOR OF THE CONTRACTOR	
City City City City City City City City		200 C 2 Vinterior		State	Zip Gode		
			· .	-			
Name of Creditor						Outstand	ing Balance of Debt
House #	Street Addr	ess			DATE DEBT INCURR [MM/DD/YYYY]		Section 19 and 1
City Description of Debt				State	Zip Eode		
			<u> </u>	· .	12 14 14		
Name of Creditor				<u> </u>			ng Balance of Debt
House #	Street Addre	355 255			DATE DEBT INCURR [MM/DD/YYYY]		Service of the servic
City				State	Zip Code	Name 1835	
Description of Debt							
Name of Creditor House#							ng Balance of Debt
	Street Addre	55			DATE DEBT INCURRI	ED \$	
City Description of Debt			1	State	Zip Code		
			ta e	1337		·	
Name of Creditor	est a e					1000	ng Balance of Debt
House#	Street Addres	55			DATE DEBT INCURRE [MM/DD/YYYY]	ED. \$	SEA M. CONTROL COMMUNICATION CONTROL C
City Description of Debt			\$	State	Zlp Code	137.5	
			Arg Marin				
Name of Creditor							ng Balance of Debt
	Street Addres	S		interil	DATE DEBT INGURRE [MM/DD/YYYY]	FD \$	
City Description of Debt		<u> </u>		State	Zip Code		
STUDENT DESCRIPTION	Z Bill			•			*