Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification 20230014	Report Filed By Candida (Mark X)	ite 🔀	Committee		Lobbyist	
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 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
		X	I I I I I I I I I I I I I I I I I I I			
Date Of Election (MM/DD/YYYY) [1-7	Year 2-2-3	Amendment Report		Termination Report		
Summary of Receipts and From Date	To Date	Marie De Dalle	For	Office Use Only		
Expenditures						
10/24/2024 A. Amount Brought Forward From Last Repor	1 1 10 110 7					
B. Total Monetary Contributions and Receipts (From Schedule I)	94.5 Md					
C. Total Funds Available	\$ 0.770.00				ក !	
(Sum of Lines A and B)	3,973,28				ဘ်	
D. Total Expenditures (From Schedule III)	\$ 0	·			Manager and Manage	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 3,973.72			entered €	ć:	
F. Value of In-Kind Contributions Received (From Schedule II)	CONTRACTOR AND					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0					
	Affidavit Sec					
Part 1- If this is a Committee report, treasurer sign h	ere. If this is Candidate report, ca	ndidate sign here.				
I swear (or affirm) that this report, including the attached scheduler on Robert, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this day of Decraph 20 23 was in the standard of Decraph Submitting report Signature of Person Submitting report						
Sworm to and subscribed before the this	nissi Peni	-1	2 L	, 0		
day of 12/11/12/2005	— sylv	Signeration	mf Courant Culon	itting roomt		
and A. Watex.	anie ats	- Signature	ULPERSON SUOI)		
Signature	nsyl on, f our res umt		Printed Nam	e		
My Commission expires 12/02/2020	sylvania - N n, Notary P ounty es Decemb es Decemb er 1425 Association	814	Ч	31-41553		
MO. DAY YR.	a - No ay Pu ry Pu 14255	rea Code		time Telephone Number	•	
Part II- If this is a report of a Candidate's Authorized	*\5`\\ O'\	aro.				
I swear (or affirm) that to the best of my knowledge amended.	# (*),		y provisions of t	he Act of June 3, 1937 (F	P.L. 1333, NO.320) as	
Sworn to and subscribed before me this						
day of 20.	• 1					
	_	Sign	nature of Candid	late	_	
Signature	Printed Name					
agnature						
My Commission expires MO. DAY YR.		rea Code	Dayt	ime Telephone Number		

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	ļ			
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
House #	Street Address			Pare Innah Dol ELEGI	
City	postores e MAA	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	I a seemale	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing	, р., одиванске П	ga waa ahaan ahaa 1979 24	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	Age of the second secon
City		State	Zip Code	Date [MM/DD/YYYY] \$	61 : :
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	- 在共產黨國際經濟	State	Zip Code	Date [MM/DD/YYYY] \$	*
Full Name of Co Committee	ntributing	n debasta	February State (1994)	Date [MM/DD/YYYY] \$	
House #	Street Address	·	·	Date [MM/DD/YYYY] \$	8
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	particular a	1-1	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity:	exturbate Barri	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:

	Cara				
Full Name of		<u> </u>	····	Date [MM/DD/YYY]	\$
Contributing Comm	nittee			1 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 0 1 0	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Gode	Date [MM/DD/YYYY]	Ş
		Passagnia or Prices in the			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of				Date [MM/DD/YYYY]	
Contributing Comn	nittee				
House #	Street Address			Date [MM/DD/YYYY]	
City	PARAO CERTA CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YY'Y]	
Contributing Comn	nittee				
House #	Street Address			Date [MM/DD/YYYY]	
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Cliv	British de la company de la co	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		E37772 D 34974 V 3 4	TACOLOGO PROPERTO DE CASA DE C	Date [MM/DD/YYYY]	
Contributing Comm	nittee				
House #	Street Address			Date [MM/DD/YYYY]	
The state of the s				1.1.5.13pp to His office Membership of the Control	
City	V39.50/30/39/30/09/30/	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	Action Country of the St.			Date [MM/DD/YYYY]	
Contributing Comm	nittee				
House #	Street Address			Date [MM/DD/YYYY]	
City	Programme and Company of the Company	State	Zip Code	Date [MM/DD/YYYY]	S
					1973 A
Full Name of				Date [MM/DD/YYYY)	
Contributing Comm	ilitee. Si si si				
House #	Street Address			Date [MM/DD/YYYY]	
Giva j		State	Zip Code	Date MM/DD/YYYY	
		5150 115 188			

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 Num	20230014
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State 21p Date [MM/DD/YYYY] . \$ code
Receipt Description	
Full Name	
House #	Street Address State Zip Date [MM/DD/YYYY] \$
City City	State Zip Date [MM/DD/YYYY] \$-Code
Receipt Description	
Full Name	
House #	Streen Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City The State of Sta	State Zip Date [MM/DD/MYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYY] \$ Code
Receipt Description	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification Number:	
Eller Heart Stration Number	
20230014	

Full Name of Contributor	· .		Date MM/DD/MM	
Hauli Name of Contributor			in creating a second of	
House # Street Address			Date MM/DD/YYYY)	\$
COLUMN TO THE PARTY OF THE PART	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	⁄dpi€ode	Date MM/DD/AYAY	* \$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YY44/]	
			Date [MM/DD/YYYY)	9.0
Flouse # Street Address			Bate (MM/DD/ 11/1/)	
City is	State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date MM/DD/YYYY	
EGIÇAL	State	Zip Code	Date [MM/DD/YYYY]	
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Description of Contribution				
Full Name of Contributor			Date [MIM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
		Be The Control	Date (MM/DD/YYYY)	
City	State	Zip Code		
Description of Contribution	Normani Station	Constitute (Astronomy States Constitute Cons		INCOME.

Statement of Expenditures

Filer Identification Number: 20230014	 	•	
[499] (409) [4 750] [4			÷

To Whom Paid				Date (MM/DD/YYYY) \$	
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To Whom Pald		,,,,		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Giv	The most of the second	State	Zip Code		
To Whom Paid	· · · ·			Date (MM/DD/AYAY)	
House #	Street Address		·	Description of Expenditure	
Giv.	[17]27.42335.8813.0255.944(6.984)	State	Zip Code		
To Whom Paid			11 10	Date [MM/DD/YYYY] \$	
Flouse#	Street Address			Description of Expenditure	
Gity E		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
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Gh y			Zip		
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Chy Change		State	Zip Code		