

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 20230014	Report Filed By (Mark X)	Candidate		Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends	of-	Tyler	THU.	\$	
Street Address	840 East 40th		1			
City Erie	· · · · · · · · · · · · · · · · · · ·	State P/	A	Zip Códe	16504	<u> </u>
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day F Pre-Primary Pre-Primary Primary	176 191 g Fry de 1.45. heeft eftel state e	그의 유리 스타를 되었다.	30 Day Post lection	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) [1-7-30]	Year.	115	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For (Office Use Only	
Expenditures 11/27/2	23 12-31	. 13				n e fork fig. 1994. I san Indiana de la
A. Amount Brought Forward From Last Re	11		<u> </u>	s spilling of a	and the second s	0~3
B. Total Monetary Contributions and Rece (From Schedule I)						
C. Total Funds Available (Sum of Lines A and B)	\$ 3996	5,86				ÇO
D. Total Expenditures (From Schedule III)	\$ 551	.00				,0
E. Ending Cash Balance	\$ 344	5 96			-1960 1948 (19	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	0,00			(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	₹.
(From Schedule II)					er of the control of	ಲ್
G. Unpaid Debts and Obligations (From Schedule IV)	\$					
(FIDIT Schedule 14)	<u> </u>	∆ffidavit g ectio	on			
Part 1- If this is a Committee report, treasurer si	n here. If this is a Candid					
Part 1- If this is a Committee report, treasurer sit I swear (or affirm) that this report, including the Sworn to and subscribed before me this day of	attached schedules of ennsylvania A	Buwealth of Pennigwealth of Pennigwia Fernandez Erie Co	Signature	of Person Subm	itting report	
My Commission expires MO. DAY	ssociation of N	3 5 ml	716 ea Code		e) (6 - 4275 time Telephone Numb	
Part II- If this is a report of a Candidate's Author I swear (or affirm) that to the best of my knowle amended.	zed Committee, card dat lge and belief this positica	Shall Sign here	e. is not violated an	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this Clay of	My commission expires April 3, Commission number 12889 Member, Pennsylvania Association of	Y # = 1	Sigla Tyler 314 ea Code		Jate 1 - 4553 ime Telephone Numbe	r

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)	\$ 23.14
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
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)	\$ -
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 551.00
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)	\$ -527.86

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.

ALMED OF THIS MAKE	· · · · · · · · · · · · · · · · · · ·				Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	: [\$]
Committee] []
House #	Street Address			Date [MM/DD/YYYY]	(
्रत ्वयम् ।				ACCOUNTY TO STATE OF THE	
City		State	Zip Code	Date [MM/DD/YYYY]	
	İ			AND MANAGEMENT (1915)	
Full Name of Co	ntributing		por more analytic potential.	Date [MM/DD/YYYY]	\$
Committee				<u> </u>	8/ 51/A
House #	Street Address			Date [MM/DD/YYYY]	14, 25, 1 .5 , 1
City	<u>tedat e verelloar</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	İ			A STATE OF THE PROPERTY OF THE	7 N
Full Name of Co	ntributing	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The second of	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	
Full Name of Co	intributing		The state of the s	Date [MM/DD/YYYY]	*\$A
Committee					NACE OF STREET
House #	Street Address			Date [MM/DD/YYYY]	S
					
City		State	Zip Code	Date [MM/DD/YYYY]	Š
					100
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	· \$:
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
					:
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
Committee					HARRIS
House #	Street Address			Date [MM/DD/YYYY]	
					1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		terminer			[F#] F

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			
Full Name of Contributor	Date [MM/DD/Y	YXXI MESS	

Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	
1 In Principle of Automotive State (Automotive State Control Contro	n Price		12/04/2023		4.58
	Address		Date [MM/D0/YYYY]	\$	4.50
210	Gross Street		01/04/2024		4.58
City Pittsburgh	State PA	Zip Code	Date [MM/DD/AYYY]	\$	
Full Name of Contributor	[1347] 其党 分公孫說[A STATE OF THE PROPERTY OF THE	Date [MM/DD/YYYY]	\$	
	nristina Salvia				9.40
	Address		Date [MM/DD/YYYY]	Š	
3603	Schaper Ave				<u>.</u>
City) Erie	State PA	Zip Code 16508	Date [MM/DD/YYYY]	.	
Full Name of Contributor	paintende vii	Treatist recognisher of 1959-02	Date [MM/DB/YYYY]	\$	
With the second of the second of the second	ana Thompson				4.58
	Address		Date [MM/DD/YYYY]	\$	
1352	West 44th				
(Ghy is	State	Zip Code	Date [MM/DD/YYYY]		
Erie	PA	16509			
Full Name of Contributor			Date [MM/DD/YYYY)	\$	
			A Section of the Sect		
House # Street	Address		Date [MM/DD/YYYY]	\$	
		22 And COLOR CONSTRUCTOR	X PERSONAL PROPERTY.	7.0 7.0	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	**************************************	THE STATE OF THE S	Date (MM/DD/YYYY)	S	\$ 2744-1-
					E construction
House# Street	Address		Date [MM/DD/YYYY]	5	20 C C C C C C C C C C C C C C C C C C C
Giv	State	Zip code	Date [MM/DD/YYYY]	\$	S PARTICIPATION OF THE PARTICI
			Date MM/DD/MY/		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full Name of Contributor			DATE UNINVERSATE) \$	\$
House # Street	t Address		Date [MM/DD/YYYY]	\$	

iely =	State	Zip Code	Date [MM/DD/YYYY]	\$	CC CARROLL COMPANY

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	n Number: 20230014				
Full Name of				Date [MM/DD/YYYY]	
Contributing Co					
House #	Street Address	of particles of		Date [MM/DD/XXXI]	
City :	nashuntutinni shabilik	State	ZIP Gode	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee	(6)3.6682	ANSENDAM PUR	Date MM/DD/YYYY	
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MIM/DD//YYYY]	
House #	Street Address	ic		Date [MM/DD/XYYY]	
Jery	Mail Politica (1998) Mail Politica (1998) Mail Politica (1998)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co		Mary special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file for the special file file for the special file file file for the special file file for the special file file for the special file		Date (MM/DD/AYYY)	
Contributing Co	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of	27. THOUSE STREET			Date [MM/DD/YYYY)	14 (14 de mile) 15 (14 de mile) 16 (14 de mile) 17 (14 de mile) 18 (14
Contributing Co				COMMENTED TO PROFE OUR MAN PROGRAM AND AND AND AND AND AND AND AND AND AND	
House #	Street Address			Date [MM/DD/YYYY]	
CIV	CONTRACT THE CONTRACT OF	State	zip Code	Date [MM/DD/YYYY]	**************************************
Full Name of Contributing Co)mmittee			Date [MM/DD/YYYY]	
House #	Street Address	S Y L State of the Control of the Co		Date [MM/DD/YYYY]	
Gity		5tate	Zip Gode	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:

Employer Mailing Address / Principal Place of Business Full Name of Contributor

Street Address

Street Address

State

State

House #

Employer Name

Employer Mailing Address / Principal Place of Business Full Name of Contributor

City

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

Full Name of Contributor			Date [MM/DD/MM]		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	13.0.0.7.3.0.0. \(CD366.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	State	ZIp Code	Date [MM/DD/YYYY]	
Employer Name Employer Mailing Address /			Occupation		
Principal Place					
Full Name of Co	ontributor			Pate [MM/DD/YYYY] \$	
House#	Street Address			Date [MIM/DD/YYYY] \$	
City	A Comment of the Comm	State	Zip Code	Date (MM/DD/YYYY) \$	
Employer Nam	e			Occupation	

Zip Code

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Occupation

\$

\$

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

	egyppetti.			
Full Name				·····
House #	Street Address			
CIV		State	Z/p Code	Date [MM/DD/YYYY] \$
Receipt Description		<u>EEEEEFERE</u>		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/XXXX] \$
Receipt Description		A\$ 5180.54 v5.5 (valido h.t.)	No. of the Control of	
Full Name				
House #	Street Address	•		
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				5383
Full Name		,	<u> </u>	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	ASC 1988 1		STATE OF THE STATE	
Full Name				
House #	Street Address	HVALLEL GREEN	PRESIDENT PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS	PH-SHESSA VALUE TANDANANAN HIBBITARI
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description		ness services (see	HESTERNA (SEE	ing:
Full Name				
House #	Street Address			
Chy dispersions		State	Zjo Code	Date (MM/DD/YYYY) \$
Receipt Description		[mid-magnicipals]	International Transmission	, E38351

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		
Marine Marine San Carlo			- SSOMERHARDSHARDSHARDSHARDSHARDSHARDSHARDSHARD
1. UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VAL	DE OF \$50,00 OR LESS PER C	
TOTAL for the reporting period	(1)	\$	
Included the second of the sec			
2. IN-KIND CONTRIBUTION	DNS RECEIVED-VALUE OF \$50.01	TU 5250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION	ON RECEIVED-VALUE OVER \$250	.00 (FRUNI PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount		1 1	
on Page 1, Report Cover Page, It	tem F)		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:	20230014		

Full Name of Contributo				Date [MM/DD/MYY]	
n 2015 alburg barulan satabil Laife ang pagasan a satab					
House #	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	fion	(Michiga de Golden)	[#11-204
Full Name of Contribute				Date [MM/DD/YYYY]	
House#	treet-Address		·	Date [MM/DD/YYYY]	\$
(dty	eringradian eranility	Siate:	Zip Code	Date [MM/DD/YYYY]	
Description of Contribu			[secondorn-vosame]	L	W\$3555296
Full Name of Contributo	1			Date [MM/DD/XYYY]	
House #	treet Address			Date [MM/DD/WW]	XX
Civ		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribu	tion				
Full Name of Contributo				Date [MM/DD/YYYY]	
House #	treet Address			Date MM/DD/AYYY	
cov		State	Zip Code	IDate (MM/DD/AYAY)	
Description of Contribu	5. C.				<u>.</u>
Full Name of Contributo				Date [MM/DD/YYYY]	
House #	treet Address			Date [MM/DD/YYYY]	
ICIVATE		State	Zipi Code	Date (MM/DD/YYYY)	
Description of Contribu	tion				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

100 100 100 100 100 100 100 100 100 100		
Filer Identification Number:		
20230014		
20230014		
E		

Full Name of Co	ntributor			Date MM/DD/YYYY)
House #	Street Address			Date [MM/DD/YYYYY] \$
				200 - 100 -
City		State	Zip Code	Date (MM/DD/YYYY) \$
				1200571-12-2712-25111-12-12-12-12-12-12-12-12-12-12-12-12-
Employer Name				Occupation
				Description
Employer Maili Place of Busine	ng Address / Principal ss			
				Contribution
Full Name of Co	intributor			Date [MM/DD/MMM] \$
		•		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
House #	Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY] S
City	P. STEEL CARLACTERINA	State	Zip Code	Date [MM/DD/YYYY] \$
		in in it.		
Employer Name			CARTIES STEEN STEEN SECURI	Occupation
	ng Address / Principal			Description
Place of Busine	ss in the company of			of Contribution
Full Name of Co	intributor	idiyi hox	***	Date [MM/DD/YYYY] \$
				10 (15 to 15
House #	Street Address			Date MM/DD/YYYYY \$5
				200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Date [MM/DD/YYYY] \$
				10 (24) (10) (10) (10) (10) (10) (10) (10) (10
Employer Name	varastas ar martinas da del como			Occupation
Employer Maili Place of Busine	ng Address / Principal			Description of
				Contribution
Full Name of Co	ontributor			Date IMM/DD/AMM)
House #	Street Address			Date [MM/DD/YYYY] \$
City	PROPERTY STATE OF THE SECOND S	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Nam		E STATE OF THE STA	LOCALIZAÇÃO DE CONTRACTOR DE C	Occupation
	ng Address / Principal			Description
Place of Busine	SS:			of Contribution

Schedule III Statement of Expenditures

	 	_
Filer Identification Number: 20230014		

To Whom Pald	- 1. 1			Date [MM/DD/11111]
	Friends of Jim We	πz		12/19/203
House #	Street Address	PO BOX 114	<u> </u>	Description of Expenditure
City Erie		State PA	(Zip) (Code) 16512	Donation to campaign
To Whom Paid	USPS			Date [MM/DD/YYYY] \$ 51.00
House#	Street Address			12/27/2023 Description of Expenditure
2108	Justina di Sila	E 38Th St		
City Erie		State PA	ZIP Code 16515	PO Box Fees
To Whom Pald	,			Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
div	144-v. 253-645555 BBL. v.v 4-887-65-29099 2-1	State	Zp Coole	
To Whom Paid				Date [MIV/OD/MMM] =\$
House#	Street Address			Description of Expenditure
Gity.	paratonica (vellora) i de classes	State	Zip Code	
To Whom Paid				Date [MM/DD/XXXX] = \$
fiouse #	Street Address			Description of Expenditure
Gity.		State Suit Suits	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
Gty.		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
Gty		State	Zip Code	
To Whom Paid				Date MM/DD/YYYY) S
House #	Street Address			Description of Expenditure
Giv.		State	Zip Ziji 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		

Name of Creditor	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City State	State	ZIP Code	
Description of Debt	127 (3743) 127 (3743) 1474 (37	281 28033333328039	Particises 1
Name of Creditor			Outstanding Balance of Debt
Name of Creditor. House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address State	\$5.50.000 A 17.75 A 17.50 A 17.50 A 1886 A 17.50 A 17.	
House #		[MM/DD/YYYY]	
House #		[MM/DD/YYYY] Zip Code	Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House #		[MM/DD/YYYY]	
City Description of Debt Name of Creditor House #	State	Zip Code DATE DEBT INCURRED	Qutstanding Balance of Debt
City Description of Debt Name of Creditor. House #	State. Street Address	Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	State. Street Address	Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt Cutstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	State. Street Address	Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor. House # City Description of Debt	State State	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt Cutstanding Balance of Debt