



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	2023014	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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>
Date Of Election (MM/DD/YYYY)	11. 7. 2023	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	3445.86	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1388.56	
C. Total Funds Available (Sum of Lines A and B)	\$	4834.42	
D. Total Expenditures (From Schedule III)	\$	3272.49	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1561.93	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 schedule, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27th day of Jan. 20 25

Senia Fernandez

Signature

My Commission expires

4-3-27

MO. DAY YR.

Signature of Person Submitting report

Shraddha Prabhu

Printed Name

716

Area Code

206-4275

Daytime Telephone Number

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 report and 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

27th day of Jan. 20 25

Senia Fernandez

Signature

My Commission expires

4-3-27

MO. DAY YR.

Signature of Candidate

Tyler Titus

Printed Name

814

Area Code

431-4553

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number:	2023014		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 8.56
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)		\$	180.00
Total for the reporting period		(2)	\$ 180.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1200.00
Total for the reporting period		(3)	\$ 1200.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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>		\$	1388.56

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	2023014
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						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]	\$	

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:	2023014
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Full Name of Contributor		Christina Salvia		Date [MM/DD/YYYY]	\$	10.00
				12/17/2024		
House #	3603	Street Address	Schaper Ave	Date [MM/DD/YYYY]	\$	10.00
				11/17/2024		
City	Erie	State	PA	Zip Code	16508	10.00
				10/17/2024		
Full Name of Contributor		Christina Salvia		Date [MM/DD/YYYY]	\$	10.00
				09/17/2024		
House #	3603	Street Address	Schaper Ave	Date [MM/DD/YYYY]	\$	10.00
				08/17/2024		
City	Erie	State	PA	Zip Code	16508	10.00
				07/17/2024		
Full Name of Contributor		Christina Salvia		Date [MM/DD/YYYY]	\$	10.00
				06/17/2024		
House #	3603	Street Address	Schaper Ave	Date [MM/DD/YYYY]	\$	10.00
				05/17/2024		
City	Erie	State	PA	Zip Code	16508	10.00
				04/17/2024		
Full Name of Contributor		Christina Salvia		Date [MM/DD/YYYY]	\$	10.00
				03/17/2024		
House #	3603	Street Address	Schaper Ave	Date [MM/DD/YYYY]	\$	10.00
				02/17/2024		
City	Erie	State	PA	Zip Code	16508	10.00
				01/17/2024		
Full Name of Contributor		Ian Price		Date [MM/DD/YYYY]	\$	5.00
				12/04/2024		
House #	210	Street Address	Gross Street	Date [MM/DD/YYYY]	\$	5.00
				11/04/2024		
City	Pittsburgh	State	PA	Zip Code		5.00
				10/04/2024		
Full Name of Contributor		Ian Price		Date [MM/DD/YYYY]	\$	5.00
				09/04/2024		
House #	210	Street Address	Gross Street	Date [MM/DD/YYYY]	\$	5.00
				08/04/2024		
City	Pittsburgh	State	PA	Zip Code	15224	5.00
				07/04/2024		

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:	2023014
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ian Price					06/04/2024	\$	5.00
House #	210	Street Address		Gross Street	Date [MM/DD/YYYY]	\$	5.00
					05/04/2024	\$	
City	Pittsburgh	State	PA	Zip Code	15224	Date [MM/DD/YYYY]	\$
					04/04/2024	\$	5.00
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ian Price					03/04/2024	\$	5.00
House #	210	Street Address		Gross Street	Date [MM/DD/YYYY]	\$	5.00
					02/04/2024	\$	5.00
City	Pittsburgh	State	PA	Zip Code	15224	Date [MM/DD/YYYY]	\$
					01/04/2024	\$	5.00
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:	2023014
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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]		\$	
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:	2023014
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Kevan Yenerall					08/27/2024		\$	700.00
House #	674	Street Address			Date [MM/DD/YYYY]		\$	
		Arbor Court					\$	
City	Pittsburgh	State	PA	Zip Code	15238	Date [MM/DD/YYYY]	\$	
							\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Baybars Charkas					08/03/2024		\$	500.00
House #	614	Street Address			Date [MM/DD/YYYY]		\$	
		Petersburg Avenue					\$	
City	Lancaster	State	PA	Zip Code	17601	Date [MM/DD/YYYY]	\$	
							\$	
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		Date [MM/DD/YYYY]	\$	
							\$	
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		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.

Filer Identification Number:	2023014
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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:	2023014
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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:	2023014
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	2023014
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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 III
Statement of Expenditures

Filer Identification Number:	2023014
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To Whom Paid	Erie County Democrats	Date [MM/DD/YYYY]	\$	400.00
		03/25/2024		
House #	1301	Street Address	State Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16501
				Sponsorship Spring Dinner
To Whom Paid	Expedia Group	Date [MM/DD/YYYY]	\$	36.16
		07/05/2024		
House #	1111	Street Address	1111 Expedia Group Way W.	Description of Expenditure
City	Seattle	State	WA	Zip Code 98119
				Fees for Online Flight Booking to DNC
To Whom Paid	American Airlines	Date [MM/DD/YYYY]	\$	229.48
		07/05/2024		
House #		Street Address	P.O. Box 619616	Description of Expenditure
City	DFW Airport	State	TX	Zip Code 75261-9616
				Flight to Democratic National Convention
To Whom Paid	United Airlines, Inc.	Date [MM/DD/YYYY]	\$	165.47
		07/05/2024		
House #		Street Address	PO Box 06649	Description of Expenditure
City	Chicago	State	IL	Zip Code 60606-0649
				Return Flight from Democratic National Convention
To Whom Paid	Palmer House, Hilton	Date [MM/DD/YYYY]	\$	1,920.66
		08/09/2024		
House #	17	Street Address	East Monroe Street	Description of Expenditure
City	Chicago	State	IL	Zip Code 60603
				Lodging for Democratic National Convention
To Whom Paid	Adam Holoquist	Date [MM/DD/YYYY]	\$	400.00
		12/05/2024		
House #	955	Street Address	W 7th St	Description of Expenditure
City	Erie	State	PA	Zip Code 16502
				Services Provided (DJ) for Dem Event
To Whom Paid	ActBlue	Date [MM/DD/YYYY]	\$	70.72
		12/31/2024		
House #		Street Address	P.O. Box 441146	Description of Expenditure
City	Somerville	State	MA	Zip Code 02144-0031
				Fees for use of ActBlue Platform
To Whom Paid	Erie County Democrats	Date [MM/DD/YYYY]	\$	50.00
		09/04/2024		
House #	1301	Street Address	State Street	Description of Expenditure
City	Erie	State	PA	Zip Code 16501
				Tickets To Democrat Brunch

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:	2023014
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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							