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		Report Filed By (Mark X)	Candidate	X	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Mark Sleppy							
Street Address	7337 Foolmil Rd.							
City	Erie		State	Pa	Zip Code	16509		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
	X							

Date Of Election (MM/DD/YYYY)	5/16	Year	2023	Amendment Report		Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/22/2022	05/01/2023	
A. Amount Brought Forward From Last Report	$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	500.00	
C. Total Funds Available (Sum of Lines A and B)	$	500.00	
D. Total Expenditures (From Schedule III)	$	612.59	
E. Ending Cash Balance (Subtract Line D from Line C)	$	-562.59	
F. Value of In-Kind Contributions Received (From Schedule II)	$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	$	0	

2023 MAY -5 AM 11:29
ERIE COUNTY
VOTER REGISTRATION

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 Schedules, and any other, is to the best of my knowledge and belief true, correct and complete

Sworn to and subscribed before me this 5 day of May 20 23

Signature

Sue Sheffield

My Commission expires MO 12 - DAY 02 - YR 2026

Commonwealth of Pennsylvania - Notary Seal
Sue Sheffield, Notary Public
Erie County
My commission expires December 02, 2026
Commission number 1424432
Member, Pennsylvania Association of Notaries

Signature of Person Submitting report

Mark Sleppy

Printed Name

814 | 384-9109

Area Code | 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 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

day of 20

Signature

My Commission expires MO DAY YR

Signature of Candidate

Mark Sleppy

Printed Name

814 | 814-384-9105

Area Code | Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-$50.00 or Less per Contributor			
Total for the reporting period	(1)	$	0
2. Contributions of $50.01 to $250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		$	0
All Other Contributions (Part B)		$	0
Total for the reporting period	(2)	$	0
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	0
All Other Contributions (Part D)		$	500.00
Total for the reporting period	(3)	$	500.00
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 enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)*		$	500.00

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	

									Amount
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0
Full Name of Contributing Committee							Date (MM/DD/YYYY)	$	0
House #		Street Address					Date (MM/DD/YYYY)	$	0
City		State		Zip Code			Date (MM/DD/YYYY)	$	0

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:	

Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0

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 Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

Full Name of Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

Full Name of Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

Full Name of Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

Full Name of Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

Full Name of Contributing Committee								Date (MM/DD/YYYY)	$	0
House #		Street Address						Date (MM/DD/YYYY)	$	0
City			State		Zip Code			Date (MM/DD/YYYY)	$	0

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:	

Full Name of Contributor	Ron &Marianne Leone					Date (MM/DD/YYYY) 04/07/2023	$	500.00
House #	1280	Street Address	Ponderosa Drive			Date (MM/DD/YYYY)	$	0
City	Erie	State	Pa	Zip Code	16509	Date (MM/DD/YYYY)	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date (MM/DD/YYYY)	$	0
House #		Street Address				Date (MM/DD/YYYY)	$	0
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date (MM/DD/YYYY)	$	0
House #		Street Address				Date (MM/DD/YYYY)	$	0
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date (MM/DD/YYYY)	$	0
House #		Street Address				Date (MM/DD/YYYY)	$	0
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
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:	

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date (MM/DD/YYYY)	$	0
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:	

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	0

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)	$	0

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF $ 50.01 TO $ 250

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$ 0
House #		Street Address				Date [MM/DD/YYYY]	$ 0
City		State		Zip Code		Date [MM/DD/YYYY]	$ 0
Description of Contribution							

Full Name of Contributor						Date [MM/DD/YYYY]	$ 0
House #		Street Address				Date [MM/DD/YYYY]	$ 0
City		State		Zip Code		Date [MM/DD/YYYY]	$ 0
Description of Contribution							

Full Name of Contributor						Date [MM/DD/YYYY]	$ 0
House #		Street Address				Date [MM/DD/YYYY]	$ 0
City		State		Zip Code		Date [MM/DD/YYYY]	$ 0
Description of Contribution							

Full Name of Contributor						Date [MM/DD/YYYY]	$ 0
House #		Street Address				Date [MM/DD/YYYY]	$ 0
City		State		Zip Code		Date [MM/DD/YYYY]	$ 0
Description of Contribution							

Full Name of Contributor						Date [MM/DD/YYYY]	$ 0
House #		Street Address				Date [MM/DD/YYYY]	$ 0
City		State		Zip Code		Date [MM/DD/YYYY]	$ 0
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	$	0
House #		Street Address				Date [MM/DD/YYYY]	$	0
City		State		Zip Code		Date [MM/DD/YYYY]	$	0
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Sanmar Corp					**Date (MM/DD/YYYY)**	**$**	219.54
House #		**Street Address**	22833 SE Black Nugget Rd			09/21/2022		
City	Issaquah	**State**	WA	**Zip Code**	98029	**Description of Expenditure**		
						Apparel		
To Whom Paid	Stahls					**Date (MM/DD/YYYY)**	**$**	85.01
House #		**Street Address**	PO Box. 72497			11/21/2022		
City	Cleveland	**State**	OH	**Zip Code**	44192-2497	**Description of Expenditure**		
						Transfers for Apparel		
To Whom Paid	Teraw					**Date (MM/DD/YYYY)**	**$**	107.96
House #		**Street Address**	9456 Morningside Loop Unit B			01/11/2023		
City	Anchorage	**State**	AK	**Zip Code**	99516	**Description of Expenditure**		
						Postage		
To Whom Paid	Got Print.Com					**Date (MM/DD/YYYY)**	**$**	490.49
House #		**Street Address**	7651N. san Fernando Rd.			02/09/2023		
City	Burbank	**State**	CA	**Zip Code**	91505	**Description of Expenditure**		
						Magnets		
To Whom Paid	ULINE					**Date (MM/DD/YYYY)**	**$**	49.29
House #		**Street Address**	Po Box 88741			02/09/2023		
City	Chicago	**State**	IL	**Zip Code**	60680-1741	**Description of Expenditure**		
						Door hanger bags		
To Whom Paid	Sanmar Corp					**Date (MM/DD/YYYY)**	**$**	208.87
House #		**Street Address**	22833 SE Black Nugget Rd			02/10/2023		
City	Issaquah	**State**	WA	**Zip Code**	98029	**Description of Expenditure**		
						Apparel		
To Whom Paid	Imagine This					**Date (MM/DD/YYYY)**	**$**	525.00
House #		**Street Address**	1147 Orberin Ave			02/10/2023		
City	Massillon	**State**	OH	**Zip Code**	44647	**Description of Expenditure**		
						Signs		
To Whom Paid	Stahls					**Date (MM/DD/YYYY)**	**$**	352.17
House #		**Street Address**	PO Box 72497			02/10/2023		
City	Cleveland	**State**	Oh	**Zip Code**	44192-2497	**Description of Expenditure**		
						Transfers for apparel & Bags		

2028.33

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid						Date [MM/DD/YYYY]	$
Lead Head Screen Printing						2/16-2023	301.00
House #	Street Address					Description of Expenditure	
	2005 Peach St.						
City	State		Zip Code				
Erie	PA		16508			Print Shirts	

To Whom Paid						Date [MM/DD/YYYY]	$
Sanmar Corp						02/22/23	194.25
House #	Street Address					Description of Expenditure	
	22833 SE Blackhuggeted						
City	State		Zip Code				
Issaquah	WA		98029			Apparel	

To Whom Paid						Date [MM/DD/YYYY]	$
Erie County Court House						3/28/23	10.00
House #	Street Address					Description of Expenditure	
City	State		Zip Code				
Erie	PA					Thung drive / List	

To Whom Paid						Date [MM/DD/YYYY]	$
U Printing						04/04/2023	211.88
House #	Street Address					Description of Expenditure	
	8000 Haskell Ave.						
City	State		Zip Code				
Van Nuys	CA		914.06			magnets	

To Whom Paid						Date [MM/DD/YYYY]	$
Stahls						04/11/2023	567.96
House #	Street Address					Description of Expenditure	
	PO Box 72497						
City	State		Zip Code				
Cleveland	OH		44192			TRANSFERS For Big T Apparel	

To Whom Paid						Date [MM/DD/YYYY]	$
Printing Concepts						4-14-2023	1764.24
House #	Street Address					Description of Expenditure	
	4982 Pacific Ave						
City	State		Zip Code				
Erie	PA		16506			mailers	

To Whom Paid						Date [MM/DD/YYYY]	$
Sanmar Corp							201.91
House #	Street Address					Description of Expenditure	
	22833 SE Black Nugget Rd						
City	State		Zip Code				
Issaquah	WA		98029			Apparell	

To Whom Paid						Date [MM/DD/YYYY]	$
Vinx						4-21-2023	254.40
House #	Street Address					Description of Expenditure	
	2450 Dutch Rd						
City	State		Zip Code				
Fairview	PA		16415			Signs	

$3,553.91

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Date [MM/DD/YYYY]	$
Printing Concepts	4/24/2023	221.54

House #	Street Address	City	State	Zip Code	Description of Expenditure
	4982 Pacific Ave	Erie	PA	16506	Hand out Cards

To Whom Paid	Date [MM/DD/YYYY]	$
Printing Concepts		178.08

House #	Street Address	City	State	Zip Code	Description of Expenditure
	4982 Pacific ave	Erie	PA	16506	Envelopes

To Whom Paid	Date [MM/DD/YYYY]	$
USPS	4/25/2023	189.00

House #	Street Address	City	State	Zip Code	Description of Expenditure
	2108 E 38th St	Erie.	PA	16515	Stamps

To Whom Paid	Date [MM/DD/YYYY]	$

House #	Street Address	City	State	Zip Code	Description of Expenditure

To Whom Paid	Date [MM/DD/YYYY]	$

House #	Street Address	City	State	Zip Code	Description of Expenditure

To Whom Paid	Date [MM/DD/YYYY]	$

House #	Street Address	City	State	Zip Code	Description of Expenditure

To Whom Paid	Date [MM/DD/YYYY]	$

House #	Street Address	City	State	Zip Code	Description of Expenditure

To Whom Paid	Date [MM/DD/YYYY]	$

House #	Street Address	City	State	Zip Code	Description of Expenditure

6122.59