UG9011 OHH CHREE ARREST

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

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Filer Identificat Number						ort Filed E irk X)	sy .	Candida	te		Con	mittee				Lob	byist	
Name of Filing Committee, Candidate or Lobbyist			r	Mark Sleppy														
Street Address					7337	Footmill F	₹d.						•					
City	Eri	е		- <u> </u>				State	PA		Zip (	Code	ń.	16:	509			
Type of Report	(Place x u	ınder i	eport typ	e)			•		•••						<u> </u>	·		
1-6 <sup>th</sup> Tuesday Pre-Primary	1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Pos Pre-Primary   Primary   Primary				Tuesday Election			6-30 Day Post Election		7- Annual		Special 2 <sup>nd</sup> Friday Pre-Election			Special 30 Day Post-Election			
			X															
Date Of Electio	er transport from the contract of the contract		<u> </u>		Year		<u> </u>		Amendi Report	nent		<u> </u>	Ten	minal ort	i ion			
Summary of Re	ceipts an	d	From Da	ate	80.00.3 83 <b>4</b>	To Date	l 9-41,701					For	Office	7 7	Only			Salaki il
Expenditures				/2023		6/	05/20	<b>23</b>										
A. Amount Bro	ught Forv	vard F	rom Last	Report	\$	-	5622.	59							5	2023		<u> </u>
B. Total Moneta (From Schedule		ibutio	ns and Re	celpts	8		0							į		3		Programme and the second
C. Total Funds / (Sum of Lines A	and B)				8	-	5622.	59					JUH 15					
D. Total Expend (From Schedule	) III)				8 -2702.74			STRAT										
E. Ending Cash Balance (Subtract Line D from Line C)				-8325.33			33	OUNTY STRATION										
F. Value of In-K (From Schedule	r II)			red	0									Æ.	9	• *		
G. Unpaid Debt (From Schedule		ligatio	ns		\$	8 0												
Part 1- If this is a	Committee	a renor	traseura	r sian ha	ro if i	bia la Ricay		iff davit Se		n hara								
I swear (or affirm)	) that this	report,	including t	he attac	hed so	hedules gr	n page	թյ <b>B</b> o the	best of my	knowled	ige and	bellef t	rue, co	rrect	and comple	ete.		
Sworn to and sub	acunen be	1018 1111	tili <b>s</b>	2		nia - Notar	April 3, 2	0,10										
day of	<u> Yan</u>	<u> </u>	20 <u>6</u>	<u> </u>	ī	, Je s	A A D		Si	onature i	of Pers	on Subn	rifting.	renor				
	Signatuse				]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z, Z	A PLANT	Mark Sleppy									
Mr. Commission o	1	72	MO ( 12-7-	Jun.	Eric Count Eric Soundez, No Eric Count Eric Count mission expire mission numbrania Ass			Ssion expression numbersion numbersion numbersion numbersion sylvania Asso	Printed Name :14 384-9109									
My Commission expires 4-33-37 MO. DAY YR.			-	Mark Sleppy  Printed Name 384-9109  Serial Signature of Persons Statistical Part of Pe														
Part II- If this is a r	report of a	Candio	late's Auth	orized (	Comm	ittee, cand	dete s	Hell'sidigh	ere.									
l swear (or affirm) amended.	) that to th	e Dest	ot my knov	vieage a	ina be	iler this ppi	gical c	ommittee	has not vio	lated any	y provi:	sions of	the Act	t of Ju	ne 3, 1937	(P.L. 13	33, NO.	.320) as
Sworn to and sub:	scribed be	fore me	this					_										
day of			20		i	1							==					
				Ma	Signature of Candidate Mark Sleppy													
	Signature			· ·		, I		81	4		Printe	d Name 384-9	109			-		
My Commission e	xpires	n	DAY	YR.					rea Code	_				donto	no Numbo	<u> </u>		
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# 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)	8	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	8	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)	8	0
All Other Contributions (Part D)	8	0
Total for the reporting period (3)	8	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	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)	8	0

## 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.

					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	<b>6</b> . o
House #	Street Address			Date [MM/DD/YYYY]	0
City	I AT DAY I AND A	State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	o
House #	Street Address			Date [MM/DD/YYYY]	<b>8</b> 0
City	Epopy New York State State	State	Zip Code	Date [MM/DD/YYYY]	<b>8</b> 0
Full Name of Co Committee				Date [MM/DD/YYYY]	<b>3</b> 0
House #	Street Address			Date [MM/DD/YYYY]	<b>8</b> 0
City	and the second s	State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Co Committee				Date [MM/DD/YYYY]	<b>3</b> 0
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	<b>8</b> 0
Full Name of Co Committee					8 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:		
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Full Name of Co	ontributor		Date [MM/DD/YYYY]	\$	0	
					T)	
House #	Street Address			Date [MM/DD/YYYY]	ŝ	0
				) h		1
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Co	CONTROL OF BUTCHER SERVICE			ŕ		
Pull Maille of 60	ntributor			Date [MM/DD/YYYY]	8	0
House #	1-20-00-01-00-01					_
House #	Street Address			Date [MM/DD/YYYY]	8	o
OLL.					30 M	
City		State	Zip Code	Date [MM/DD/YYYY]	8	iō
Full Name of Co	ontelhutor	(A. (1995)				
Major Colonia	Milipaco			Date [MM/DD/YYYY]	15	0
House #				- CONTRACTOR CONTRACTOR	AV.	1
HUUSU N	Street Address			Date [MM/DD/YYYY]	\$ 	0
City		State	20. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	11414/83.00300		<u></u>
		State	Zip Code	Date [MM/DD/YYYY]	\$ (	0
Part Blanca of Co.	·····································			18 A		1
Full Name of Co	Atributor			Date [MM/DD/YYYY]	\$ % (	,0
House #	Street Address			Date [MM/DD/YYYY]	8 (	0
City		State	Zip Code	Date [MM/DD/YYYY]	<b>3</b> C	0
Full Name of Cor	Aratemas /					
FUII Maine C. CC.	Millutor			Date [MM/DD/YYYY]	\$ (	0
House #	Total Address					
Mouse #	Street Address			Date [MM/DD/YYYY]	\$ (	0
City		State	Zip Code	Date [MM/DD/YYYY]	<b>8</b> (	0
Full Name of Cor	=F-IGHPAPS		等,是一个人的人。 1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1			
FUII Manio	Aligator			Date [MM/DD/YYYY]	<b>\$</b> 0	)
House #					/y/7	·
Mouse #	Street Address			Date [MM/DD/YYYY]	<b>₹</b> 0	)
24.020976 4 <u></u>						
City	)	State	Zip Code	Date [MM/DD/YYYY]	<b>8</b> 0	)
	٠				, X	

### 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.

raci acitificatori autino			
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8 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] 3 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8 0
House # Street Address			Date [MM/DD/YYYY] \$ 0
Cliv	State	Zip Code	Date [MM/DD/YYYY] 8 0
Full Name of Contributing Committee			Date [MM/DD/YYYY] 1 0
House # Street Address			Date [MM/DD/YYYY] \$ 0
City	State	Zip Gode	Date [MM/DD/YYYY] 8 0
Full Name of Contributing Committee			Date [MM/DD/YYYY] 3 0
House # Street Address	<u></u>		Date [MM/DD/YYYY] 1 0
City	State	Zip Code	Date [MM/DD/YYYY] 3 0

# 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			Date [MM/DD/YYYY] \$ 0
House # Street A	ddress		Date [MM/DD/YYYY] \$ 0
City		Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name			
Construction and the construction of the const			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] 8 0
House # Street A	ddress		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 A	ddress		Date [MM/DD/YYYY] \$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name		<u>超高水温蒸蒸发生生的</u>	Occupation
Employer Mailing Address / Principal Place of Business			[1.578] (1.578) (1.578) (1.578)
Full Name of Contributor			Date [MM/DD/YYYY] \$ 0
House # Street Ad	ddress		Date [MM/DD/YYYY] \$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name	[1,24,392,240]	E. St. 550AS (256 27.03	Occupation
Employer Mailing Address / Principal Place of Business			1-20 C-2004

## 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 Nun	nber:			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$ 0
		0.000	Code	Date [MM/DD/YYYY] \$ 0
Receipt Description			_ [12388/464-74]	- Landau - Control - Contr
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 Gode	Date [MM/DD/YYYY] \$ 0
Receipt Description				And A
Full Name	A Caraca			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		· · · · · · · · · · · · · · · · · · ·		1989
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Receipt Description		[2,002] [2,002]		
na de la composition	4.3978			

### 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 CONTRIB	JUTIONS RECEIVED-VAL	UE OF \$ 50.00	) OR	LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	0	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.01	TO \$ 250,00	(FRO	M PART F)
TOTAL for the reporting period	(2)	8	0	
3. IN-KIND CONTRIBUTION RECEIV	VED-VALUE OVER \$ 250	.00 (FROM P <i>F</i>	ART G	<b>)</b>
TOTAL for the reporting period	(3)	8	0	)
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)			0	

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	VALUE	E OF \$30.01 TO \$230
Filer Identification	(68/8.48) - (68/8.48)	
Full Name of Con	ntributor	Date [MM/DD/YYYY]   8   0
House #	Street Address	Date [MM/DD/YYYY] \$ 0

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] | 8

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] | \$

Date [MM/DD/YYYY]

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Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$ 0

Zip Code

Zip Code

Zip Code

Zip Code

Zip Code

State

State

State

State

State

City

House #

House #

City

House #

House #

City

City

City

**Description of Contribution** 

**Full Name of Contributor** 

**Description of Contribution** 

**Full Name of Contributor** 

**Description of Contribution** 

Full Name of Contributor

**Description of Contribution** 

Full Name of Contributor

**Description of Contribution** 

Street Address

Street Address

Street Address

Street Address

# SCHEDULE II Part G In-Kind Contributions Received

VAL	UE	OV	ER	ŝ	25	C

Filer Identificatio	n Number:			
Full Name of Co	JALTIOULOJ.			Date [MM/DD/YYYY] \$ 0
House #	Street Address	**************************************		Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name	Bergy Comment			Occupation
	ng Address / Principal			Description
Place of Busine	<b>s</b> Sengalan dan kacamatan			of Contribution
Full Name of Co	ntributor	y ( 2.55		Date [MM/DD/YYYY] \$ 0
The State of				
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name	parameter services			Occupation
Emplover Maili	ng Address / Principal			Description
Place of Busine				of Contribution
Full Name of Co	ontributor			nata IMM/nn/www
				0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
100 100				
City		State	Zip Gode	Date [MM/DD/YYYY] \$ 0
Edown No-				
TRUST THE CANADAS AND A				Occupation
Place of Busine	ng Address / Principal ss			Description of
	New Att.			Contribution
Full Name of Co	intributor			Date [MM/DD/YYYY] \$ 0
House #	Street Address		<del>2. MI - M. A</del>	Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name	)			Occupation
MCMS HP CASE 251	ng Address / Principal			Description
Place of Busines				of
(A) (A) (A) (A) (A)		5 (5 - 35) degree; 20 (5)		Contribution

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid	o Whom Paid Inspiration Time Inc			Date [MM/DD/YYYY]	938.50
112-74-78				5/02/2023	
House #	Street Address	Street Address 10912 Rt.19 N.			iture
City Waterfor	rd	State Pa	Zip 16441-9151 Code	Radio Ad	
To Whom Paid	Printing Concepts		Date [MM/DD/YYYY]	<b>8</b> 1764.24	
				5/02/2023	7,04.24
House #	Street Address 4982 Pacific Ave.		Description of Expendit	ure	
City Erie		State Pa	<b>Zip</b> 16506 <b>Code</b>		
To Whom Paid			Policy and a support	Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ure /
City		State	Ent. 1 March of the contract		
		Jule	Zip Code		
To Whom Paid		Table subject to the last	Establish Section 5	Date [MM/DD/YYYY]	
House #	Street Address	<del></del>		Description of Expendit	lira
City		State			
4 (2) (7) 34 (5)		alate	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address	Street Address			ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address		Description of Expenditu	ire	
City		State	Zip Code		
To Whom Paid	William Control of the Control of th	30 sc. #8605.0000		Date [MM/DD/YYYY]	<b>16</b>
House #	use # Street Address			Description of Expenditu	ire:
City		State	Zip		
To Whom Paid	***		Code		
				Date [MM/DD/YYYY]	\$
House #	ouse # Street Address				lre
City		State	Zip		
0.540.53		PROJECT 1	Code		

# SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the e

Filer Identificati	ilon Number:	Die und Obligatione Fin	nch are outstanding at the	end of the reporting period.
Name of Gred	ditor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Saturding drants of pent
City  Description of		State	Zip Code	0
enterior de la composition de la compo La composition de la				
Name of Credi				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of	fDebt	State	Zip Code	0
real to the terms of the				
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City  Description of I	Pakt	State	Zip Gode	o
Name of Credit				
House #	Street Address			Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	<b>0</b> .
Description of D	Debt	FSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Code	
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8 Balance of Dept
City		State	Zip	0
Description of D	Debt		Code	
Name of Credito	tor			Outstanding Dalamas of Dalam
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt.
City		State	Zip Gode	o
Description of D	lebt	<u>                                      </u>		