

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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Mark Sleppy			
Street Address	7337 Footmill Rd.			
City	Erie	State	PA	Zip Code 16509

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/02/2023	6/05/2023	
A. Amount Brought Forward From Last Report	\$	-5622.59	<p>2023 JUN 15 PM 1:09</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-5622.59	
D. Total Expenditures (From Schedule III)	\$	-2702.74	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-8325.33	
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 schedules on page 12, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15th day of June 20 23

Signature [Signature]

My Commission expires 4-23-27 MO. DAY YR.

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

814 384-9109

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)		\$ 0
Total for the reporting period	(3)	\$ 0
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 <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>		\$ 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.

Filer Identification Number																			
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														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:	
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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:	
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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
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:	
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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									

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:	
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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
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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	
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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	
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

Filer Identification Number:	
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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:	
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To Whom Paid		Inspiration Time Inc		Date [MM/DD/YYYY]		\$ 938.50	
				5/02/2023			
House #		Street Address	10912 Rt.19 N.		Description of Expenditure		
City	Waterford	State	Pa	Zip Code	16441-9151		
				Radio Ad			
To Whom Paid		Printing Concepts		Date [MM/DD/YYYY]		\$ 1764.24	
				5/02/2023			
House #		Street Address	4982 Pacific Ave.		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16506		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip 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:	
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0	
City	State	Zip Code					
Description of Debt							