

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1	COMMITTEE	2	LOBBYIST	3																
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MARK SLEPPY																									
STREET ADDRESS 7397 Footmill Rd																									
CITY ERIE				STATE Pa		ZIP CODE 16509 -																			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Township Supervisor Summit			DISTRICT NO. 1+2		PARTY R		DATE OF ELECTION																
6TH TUESDAY PRE-PRIMARY		1.								MO. DAY YEAR															
2ND FRIDAY PRE-PRIMARY		2.								11 07 2023															
30 DAY POST-PRIMARY		3.																							
6TH TUESDAY PRE-ELECTION		4.																							
2ND FRIDAY PRE-ELECTION		5.																							
30 DAY POST-ELECTION		6. <input checked="" type="checkbox"/>																							
ANNUAL REPORT		7.																							
DATES OF REPORTING PERIOD				<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>10</td> <td>23</td> <td>23</td> <td></td> <td>11</td> <td>27</td> <td>23</td> </tr> </table>				MO.	DAY	YEAR	TO	MO.	DAY	YEAR	10	23	23		11	27	23	FOR OFFICE USE ONLY			
MO.	DAY	YEAR	TO	MO.	DAY	YEAR																			
10	23	23		11	27	23																			
CASH BALANCE AT END OF REPORTING PERIOD:				\$ <u>0</u>				<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 NOV 29 PM 12:08 ERIE COUNTY VOTER REGISTRATION </div>																	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ <u>0</u>																					
AMENDMENT REPORT?				<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>				YES		NO															
YES		NO																							
TERMINATION REPORT?				<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td></td> </tr> </table>				YES	<input checked="" type="checkbox"/>	NO															
YES	<input checked="" type="checkbox"/>	NO																							

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF November Angela L. Watson SIGNATURE MY COMMISSION EXPIRES 12/02/2026 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT MARK SLEPPY PRINTED NAME 814 384-9109 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER