					Α,,
LICOUL	J UHU	25.3 (5)	经线机	DULL	7340 7

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

Filer Identification	Report Filed	st de clear and By Candida	_ _	Committee		Lobbyist
Number	(Mark X)		" <u>X</u>			
Name of Filing Committee, Candidate or Lobbyist	Mark Sleppy					1.00
Street Address	7337 Footemil	l Rđ				
City Erie		State	Pa	Zip Code	16509	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6th 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
	The formation of the second					
Date Of Election 11/02 (MM/DD/YYYY)	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Dat	0		For	Office Use Only	* **!*******************************
Expanditures 05/03/2021	06	6/07/2021			À.	2
A. Amount Brought Forward From Last Repor	Las S	0			L.1 L.1	Primatel
B. Total Monetary Contributions and Receipts (From Schedule I)		0				Constants According Francisco Franci
C. Total Funds Available (Sum of Lines A and B)	8	0.			private the part of the part o	ত ত
D. Total Expenditures (From Schedule III)	8	\$618.88				? ?
E. Ending Cash Balance (Subtract Line D from Line C)	8	0				6
F. Value of In-Kind Contributions Received (From Schedule II)		0				·
G: Unpaid Debts and Obligations (From Schedule IV)	8	00				
Part 1- if this is a Committee report, treasurer sign h	ere if this is a Car	Affidavit Sec adidate report, ca				
I swear (or affirm) that this report, including the atta				ge and belief tr	ue, correct and comp	ete.
Sworn to and subscribed before me this		 				 1 .
day of20	- `│	L	Signature	of Person Subm	itting report	
Signature	J [Printed Nami		
My Commission expires	. 1			7 111150 114111	•	
MO. DAY YR.	_	Ā	rea Code	Day	time Telephone Numi	ber
Part II- If this is a report of a Candidate's Authorized	Committee, cand	lidate shall sign he	re.			PD 1 4000 110 000
I swear (or affirm) that to the best of my knowledge amended.	and deliet this po	iiticai committee i	ias not violated any	provisions of t	ne Act of June 3, 193/	' (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		 -				
day of 20	- 1	L.	0:	- turn of O 414	-	
	<u>]</u> .			ature of Candid	ate 	
Signature	. 1			Printed Name		
My Commission expires MO. DAY YR.	••••	A	rea Code	Dayti	me Telephone Numb	er .



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing	Committee, Can	didate, or Lobby	ist		
Reporting Cycle	e Name				
□ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Tuesday Election	Cycle 5 Cycle 5 Friday Reflection COURT
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	•	cle 9 7

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

6-16-207/ Date (DD/MM/YYYY)

MANK STROPY
Printed Name

ERIE, Pa /6509 Location (City/State/Country)

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)	8	0
All Other Contributions (Part B)	18	o
Total for the reporting period (2)	8	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)	+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)	\$	
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)	\$	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]	\$ 0
House #	Street Address			Date [MM/DD/YYYY]	\$ 0
City		State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	ontributing	<u> </u>	Date [MM/DD/YYYY]	8 0	
House #	Street Address			Date [MM/DD/YYYY]	0
City	MARINER RESERVE	State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	ontributing		•	Date [MM/DD/YYYY]	8 0
House #	Street Address			Date [MM/DD/YYYY]	3 0
City		State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	entributing	1 × 2 × 2 × 2 × 2 × 1	<u></u>	Date [MM/DD/YYYY]	8 0
House #	Street Address		PARTICLE ALL .	Date [MM/DD/YYYY]	8 0
City	HALL AND THE BELLIA	State	Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Co Committee	entributing		[F. 10. 10. 10. 10. 2]	Date [MM/DD/YYYY]	8 0
House # Street Address			Date [MM/DD/YYYY]	8 0	
City	N 2 1 W 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Gode	Date [MM/DD/YYYY]	**************************************
Full Name of Co Committee	ntributing	TX 1979 July	Maria de Carallada	Date [MM/DD/YYYY]	.8 0
House #	Street Address			Date [MM/DD/YYYY]	\$. 0
City		State	Zip Code	Date [MM/DD/YYYY]	o

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 Identificatio	n Number:				
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] 8	o
City		State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Co	ntributor			Date [MM/DD/YYYY] 1	0
House #	Street Address			Date [MM/DD/YYYY] 1	0
City		State	Zip Code	Date [MM/DD/YYYY] !	0
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	0
House #	Street Address	***************************************		Date [MM/DD/YYYY] \$	
	JUGGI AUU 688	Signatur (CC)	io-Therwool Parenta		0
City		State	Zip_Code	Date [MM/DD/YYYY] 1	0
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] \$	o
City		State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Co	ntributor		D. C. 1997 (1997) (1997)	Date [MM/DD/YYYY] 8	0
House #	Street Address			Date [MM/DD/YYYY] §	0
City	TV6	State	Zip Code	Date [MM/DD/YYYY] 4	0
Full Name of Co	ntributor			Date [MM/DD/YYYY]	0
House #	Street Address		MAN-A-A-B-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	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.

rioi tuoninitain	ALINUMINOS.				
Full Name of Contributing Co	ommittee	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	0
House#	Street Addres	S		Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Co	ommittee	Pagaga virtuini		Date [MM/DD/YYYY]	0
House #	Street Addres			Date [MM/DD/YYYY]	0
City	Proceedings and the second	State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	e C
House #	Street Addres			Date [MM/DD/YYYY]	8 0
City	表示公共 1884年 A 1884年 A	State	Zip Code	Date [MM/DD/YYYY]	1 0
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	_ • o
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	3 0
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	3 0
House #	Street Address		. , , ,	Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	8 0
House #	Street Address	-		Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	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 Identificatio	n Number:			
	(3.0) (3.0) (1.0)			
Full Name of Co	intributor		-	Date [MM/DD/YYYY] 6 0
House #	Street Address	;		Date [MM/DD/YYYY] 8 0
City		State	Zip Code	Date [MM/DD/YYYY] 3 0
Employer Name	Market Land Street and All Char			Occupation
Employer Mailir Principal Place o	ng Address / of Business			Therefore the two processings of the two proc
Full Name of Co	ntributor			Date [MM/DD/YYYY] 1 0
House #	Street Address			Date [MM/DD/YYYY] 8 0
City		State	Zip Code	Date [MM/DD/YYYY] 1 0
Employer Name				Occupation
Employer Mailir Principal Place o	of Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] 1 0
House #	Street Address			Date [MM/DD/YYYY] 3 0
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name		N. D. Calleringerstern at	Probability State State Section 1	Occupation
Employer Mailin Principal Place o				
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name			10 de CONCROSEN C. 31	Occupation
Employer Mailin Principal Place o			ROOM TO THE TOTAL THE TOTAL TO THE TOTAL TOT	

PART E **Other Receipts**

REFUNDS, INTREST 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 Num	iber:			
ON SEEK TOOLS, VIRELE MICES, VIRELE	4530031			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Receipt Description				
Full Name				
House #				
City		State	Zip	Date [MM/DD/YYYY] \$ 0
			Code	
Receipt Description				
Full Name				
House #	Street Address		en e	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description				(277) (278) (278)
Full Name	TAMBARIA PARTITATI PARTITATI			
	Tageth to a graph of			
House #	Street Address			To a comparate transport FA:
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description			<u>#219491</u>	<u> </u>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description			uvub.	
Full Name				
编数2000年3月	No. of the second			
House #	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		In Angles Deptil	SECTION S. MARK	10 17

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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 CONTRI	BUTIONS RECEIVED-VALU	E OF \$ 50.00	50	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$ 50.01 T	0 \$250.00 ((FB	OM PART F)
TOTAL for the reporting period	(2)	\$	ľ	0
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	O (FROM PA	ART	(G)
TOTAL for the reporting period	(3)	8	N 498.	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification	n Number:			
				ED-SELLMAND AWWELLES
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$ 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Description of C	Contribution			
Full Name of Co	ontributor	Westery		Date [MM/DD/YYYY] \$ 0
			4,444.4	Date (MM/DD/YYYY) \$ 0
House #	Street Address			nara (mm.von) 11111
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Description of 0	ant-kutian			
E Mar Aver Ty				Date [MM/DD/YYYY] \$
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
			10	D-1-71411 (DD-00007
City		State	Zip Code	Date [MM/DD/YYYY] \$ D
Description of C	Contribution			
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8
102.22.41		r		Date [MM/DD/YYYY] \$ 0
House #	Street Address			Date Intervious 1113
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Description of (Contribution			<u> </u>
Full Name of Co	and the state of t			Date [MM/DD/YYYY] 5 0
Litti lastilie oli or				0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
		04-4		Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Data (MINI/DD/:11111)
Description of (Contribution	12.24.69.2M	1. The said the track of the Apple of the Control o	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification	on Number:					
Full Name of C	ontributor			Date [MM/DD/YYYY] 8 0		
House #	Street Address			Date [MM/DD/YYYY] \$ 0		
City		State	Zip Code	Date [MM/DD/YYYY] 3 0		
Employer Nam	le		Michigan, Associacy	Occupation		
Employer Mail Place of Busine	ing Address / Principal Pss			Description of Contribution		
Full Name of C	ontributor	*******		Date [MM/DD/YYYY] \$ 0		
				(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
House #	Street Address			Date [MM/DD/YYYY] \$ 0		
City		State	Zip Code	Date [MM/DD/YYYY] 3 0		
Employer Nam	6		Maj yang dan Madagan	Occupation		
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution		
Full Name of C	ontributor	(A)	· · · · · · · · · · · · · · · · · · ·	Data (MM/DD/VVVV)		
				Date (MM) DD/1111		
House #	Street Address	,		Date [MM/DD/YYYY] 8 0		
City	Lossin Bereinanahal	State	Zip Code	Date [MM/DD/YYYY] \$ 0		
Stranger (S.)				100 mg 100 mg 100 mg 100 mg		
Employer Nam	8	1 n 1 n		Occupation		
Employer Mail Place of Busine	ing Address / Principal	2 4		Description of		
1 IBGG OI DUGIN	en angele kan ang kalamatan sa Santanan Talah palah sa ka			Contribution		
Full Name of C	ontributor			Date [MM/DD/YYYY] \$ 0		
House #	Street Address			Date [MM/DD/YYYY] \$ 0		
City		State	Zip Code	Date [MM/DD/YYYY] 1 0		
Employer Nam	9		Rose Control	Occupation		
	ing Address / Principal	60) 80) 80)		Description		
Place of Busine				of Contribution		

Statement of Expenditures

Filer Identification Number:			
表示的概念 (1997年) 1997年 1998年 199			
20 + 円4年(1.2)を、延載しておからかが、日前の方がよりますでは、1.4 元十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十			
1.05-2 (新元) (1.4-4) - 2 (1.4-4) (1.4			

To Whom Paid VIVX Display Solutions			Date [MM/DD/YYYY] \$ \$618.88			
			06/01/2021			
House #	Street Address 2450 Dutch Rd.			Description of Expenditure		
City Fairview	[- Agrama - Ode (g. 2011 - Od)	State Pa	Zip 16415 Code	campaigns signs		
To Whom Paid				Date [MM/DD/YYYY] 3 0		
House # Street Address			Description of Expenditure			
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$ 0		
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$ 0		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid	8			Date [MM/DD/YYYY] \$ 0		

House #	Street Address		Description of Expenditure			
City	uu litaasii Norge Kiise oo aasii Kiisegiil	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$ 0		
House # Street Address			Description of Expenditure			
City		State	Zip Code			
To Whom Paid		Extract wall	Tick of Subsection 4	Date [MM/DD/YYYY] 8 0		
House # Street Address		Description of Expenditure				
City		State	Zip Code			
To Whom Paid		Technical State of	The common may be	Date [MM/DD/YYYY] \$ 0		
House #	ise # Street Address		Description of Expenditure			
City		State	Zip Code			

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Number:			
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED	
		[MM/DD/YYYY]	
	State	Zip Code	0
bt		[VOUC :	6.25
			Outstanding Balance of Debt
Park 24-038		DATE DEST INCURRED	Outstanding balance or Debt
greer Address		[MM/DD/YYYY]	
	State	Zip Code	[o
lpt .		1 - Table 1 - Ta	
			Outstanding Balance of Debt
Street Address	, i	DATE DEBT INCURRED	
	<u> </u>	- MINATALITATION	
	State	Zip Code	0
bt	<u> </u>		
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED	8 .7
		Tanmi, projeti i i i i	
	State	Zip Code	0
bt	[808802 Std]		JPS. W
		····	Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED	
		[MM/DD/YYYY]	
	State	Zip Code	0
bt.		0000	
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED	
			0
	State	Zip Code	
D. Color	5.8 (\$2010.4)	[19.15 - 19.00]	Page 6
	Street Address Street Address Street Address Street Address Street Address Street Address Street Address	Street Address Street Address State	Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Street Address DATE DEBT INCURRED [MM/DD/YYYY]