

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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Mark Sleppy							
Street Address		7337 Footemill 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/18/2021	11/22/2021	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	1461.82	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of 20
Signature

Signature of Person Submitting report

Printed Name

My Commission expires
MO. DAY YR.

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

Signature of Candidate

Printed Name

My Commission expires
MO. DAY YR.

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 *(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

Contributions Received From Political Committees

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	
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

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

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

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 Number:	
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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				\$ 0
City			State		Zip Code	\$ 0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$ 0
House #		Street Address				\$ 0
City			State		Zip Code	\$ 0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$ 0
House #		Street Address				\$ 0
City			State		Zip Code	\$ 0
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$ 0
House #		Street Address				\$ 0
City			State		Zip Code	\$ 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		Talk Erie.Com /WTZE Radio				Date [MM/DD/YYYY]		\$ 348.00	
						10/21/2021			
House #		Street Address	10912 Peach St.			Description of Expenditure			
City	Waterford	State	Pa	Zip Code	16441	Radio commercial spots			
To Whom Paid		United States Postal Service				Date [MM/DD/YYYY]		\$ 208.80	
						10/29/2021			
House #		Street Address	1401 State Street			Description of Expenditure			
City	Erie, Pa	State	Pa	Zip Code	16501	Postage			
To Whom Paid		Black Jax Bar & Grille				Date [MM/DD/YYYY]		\$ 200.00	
						10/30/2021			
House #		Street Address	8040 Perry Highway			Description of Expenditure			
City	Erie	State	Pa	Zip Code	16509	Banquet Hall rental			
To Whom Paid		Black Jax Bar& Grill				Date [MM/DD/YYYY]		\$ 377.66	
						11/02/2021			
House #		Street Address	8040 Perry Highway			Description of Expenditure			
City	Erie	State	Pa	Zip Code	16509	Beverage Tab			
To Whom Paid		Black Jax Bar& Grille				Date [MM/DD/YYYY]		\$ 327.36	
						11/04/2021			
House #		Street Address	8040 Perry Highway			Description of Expenditure			
City	Erie	State	Pa	Zip Code	16509	Cost of Banquet Food			
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						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 0
City		State	Zip Code			
Description of Debt						



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

722110130 PM 2:38

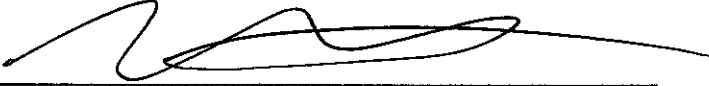
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

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

11-22-2021

Date (DD/MM/YYYY)

MARK SLOPPY

Printed Name

ERIE, PA. USA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate 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

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)