

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

Filer Identification	on			ort Filed E rk X)	y Candida	te X	Committee		Lobbyist
Name of Filing C Lobbyist	ommittee, Ca	ndidate or	Mark	Sleppy					
Street Address			7337	Footemill	Rd.				-
City	Erie	<u> </u>			State	Pa	Zip Code	16509	
Type of Report (F	Place x under r	eport type)						·	
	2- 2 nd Friday Pre-Primary		1000	Tuesday lection	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						X			
Date Of Election (MM/DD/YYYY)	the state of the state of	11/02/2021	Year		2021	Amendment Report		Termination Report	
Summary of Rec Expenditures	eipts and	From Date 10/18/2021		To Date) /22/2021		For	Office Use Only	
A. Amount Brou	ght Forward F	rom Last Report	8		0	<u> </u>			Application of the second of t
B. Total Moneta (From Schedule		ns and Receipts	8		0			•* ÷	
C. Total Funds A	vailable		8		0			* .	100 - 5
(Sum of Lines A and B) D. Total Expenditures			\$	1	1461.82			- 14 + - (₁ 2	
(From Schedule E. Ending Cash B			8					r Çeş	
(Subtract Line D	from Line C)		*		0				New Paris
F. Value of In-Kir (From Schedule	 4 St. March 1999 	ns Received	\$	8 0					
G. Unpaid Debts (From Schedule		ns	8		0				
Part 1- if this is a Co	ammittaa ranar	t transurar pian b	nra li i	hin in a Car	Affidavit Sea			<u></u>	
							lge and belief t	rue, correct and comple	te.
Sworn to and subs	cribed before m	e this							
day of		20	-	1		Cionatura	of Person Subr	nitting report	
				ተ		orginature :			*****
	Signature			. 1			Printed Nan	10	
My Commission ex	pires MO.	DAY YR.	-		A	rea Code	Da	ytime Telephone Numb	er
Part II- If this is a re I swear (or affirm) t amended.							y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subst	cribed before m	e this							-
day of		20	7	1	<u>L</u>	Sinr	pature of Cand	date	
	Vanatura		_	·	_	MARC ""	2/17/V		
	Signature			, I		C14 -	Printed Name	84- 9100	ว
My Commission ex	pires MO.	DAY YR.				Area Code	<u> </u>	time Telephone Numbe	<u></u> r

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1 Unitervised Contributions and Descints \$50,00 or last our Contributions			
1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		¥.	
Total for the reporting period (1	1)	8	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)		8	0
Total for the reporting period (2	2)	\$	0
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	\Box	\$	0
All Other Contributions (Part D)	-	\$	0
Total for the reporting period (3	3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	V 5 0 V 5 0		
Total for the reporting period (4	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)	rt	\$	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	n Number				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	0
City	1000 100 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	8 0
City		State	Zip Code	Date [MM/DD/YYYY]	• 0
Full Name of Co Committee	ontributing	e de de ser		Date [MM/DD/YYYY]	3 0
House #	Street Address			Date [MM/DD/YYYY]	8 0
City	10 mg 27 (1432)	State	Zip Code	Date [MM/DD/YYYY]	3 0
Full Name of Co Committee	ontributing		- 1	Date [MM/DD/YYYY]	8 0
House#	Street Address			Date [MM/DD/YYYY]	3 0
City	Pater de tabell	State	Zip Gode	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	entributing		n and the second of the	Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	2 8 0
City	First - Curve (A.r.)	 State 	Zip Code	Date [MM/DD/YYYY]	8 0
Full Name of Co Committee	ntributing	<u>-</u>	a and a second and a	Date [MM/DD/YYYY]	8 0
House #	Street Address			Date [MM/DD/YYYY]	3 0
City		State	Zip Code	Date [MM/DD/YYYY]	- 3 0

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.)

	ii Muliibei.				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0	
House #	Street Addre	88		Date [MM/DD/YYYY] \$ 0	
City		State	Zlp Code	Date [MM/DD/YYYY] \$ 0	
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8 0	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$ 0	
City	. No Parati Submitte Control	State	Zip Code	Date [MM/DD/YYYY] \$ 0	
Full Name of Ci	ontributor			Date [MM/DD/YYYY] \$ 0	
House #	Street Addre			Date [MM/DD/YYYY] \$ 0	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0	
Full Name of Co				Date [MM/DD/YYYY] \$ 0	
House #	Street Addre			Date [MM/DD/YYYY] \$ 0	
City Full Name of Co	W. A. F. White way.	State	Zip Code	Date [MM/DD/YYYY] \$ 0	
				Date [MM/DD/YYYY] \$ 0	
House #	Street Addre			Date [MM/DD/YYYY] \$ 0	· .
City Full Name of Co	ontributor	State	Zip Code	Date [MM/DD/YYYY] \$ 0 Date [MM/DD/YYYY] \$ 0	
House #	Street Addre	ts		Date [MM/DD/YYYY] 1 0	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] 1 0	
				· · · · · · · · · · · · · · · · · · ·	

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 Identificatio	n Number.					
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	0	
House #	Street Addre			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]	\$ 0	·
House #	Street Addre	85		Date [MM/DD/YYYY]	_ \$ o	
City	I su ting se Pilips of Pilips de la com	State	Zip Gode	Date [MM/DD/YYYY]	\$ 0	
Full Name of Contributing Co	ommittee.			Date [MM/DD/YYYY]	0	
House #	Street Addre	88		Date [MM/DD/YYYY]	8 0	
City	19 ggs trong skiller theft rige	State	Zip Code	Date [MM/DD/YYYY]	8 0	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	_ \$ _0	
House #	Street Addres	58		Date [MM/DD/YYYY]	8 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 Addre	85		Date [MM/DD/YYYY]	\$ 0	
City	Page 12 20 16 16 16 16 16 16 16 1	State	Zip Code	Date [MM/DD/YYYY]	\$ 0	
Full Name of Contributing Co	ommittee.		<u> </u>	Date [MM/DD/YYYY]	. 0	
House #	Street Addre	is	, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	8 0	
City	t er vers vor tim _v erget volgte	State	Zip Code	Date [MM/DD/YYYY]	2 8 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:			
Full Name of Co	ontributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$ 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City	[2022-2023-50-8020-0]	State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name)	•		Occupation
Employer Maili Principal Place	ng Address / of Business			The state of the s
Full Name of Co	On a 12th Seattle Mean Control Seat Seat Seattle in Seattle Seattle			Date [MM/DD/YYYY] 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date (MM/DD/YYYY) 1 0
Employer Name			,	Occupation
Employer Maili Principal Place	ng Address / of Business			Lancoura de la companya de la compan
Full Name of Co	ALMOST CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			Date [MM/DD/YYYY] 8 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name)			Occupation
Employer Maili Principal Place	ng Address / of Business			[2000]
Full Name of Co	and the state of t			Date [MM/DD/YYYY] 8 0
House #	Street Address		 	Date [MM/DD/YYYY] 8 0
City	1000 pt. 100 At	State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name			A constitute to provide different to \$1.	Occupation
Employer Maili Principal Place				PROMOTO 133400-03

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 I	Number:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Receipt Descripti	ion	P. 1829-1821-44	1979 39 7 9	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Descripti	on	18 mars, 20 m	portract reservations	1 [50.00]
Full Name			······································	
House #	Street Address		, , ,	
City		State	Zip Code	Date [MM/DD/YYYY] 5 0
Receipt Descripti	on	[4.28] ke A		[238]
Full Name			, , , , , , , , , , , , , , , , , , , ,	
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] 5 0
Receipt Descripti	on	The property of		I WAR
Full Name				
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Descripti	ion			
Full Name				
House #	Street Address	······································		
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Descripti	on.	[10 mm 60 W · 1]	مىسىمىسىلىنىنىنىنىنىنىدى قىلىسىدىدىنى قىلىسىدىدىدى قىلىسىدىدىدىدى قىلىدىدىدى قىلىدىدىدى قىلىدىدىدى قىلىدىدىدى	L. L

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	IBUTIONS RECEIVED-VALUE OF 85	0.00	JO OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	8 0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50,01 TO \$250).00 ((FROM PART F)
TOTAL for the reporting period	(2)	8	8 0
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PA	PART G)
TOTAL for the reporting period	(3)	8	8 0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)	-	\$	8 0

SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF 8 50.01 TO 8 250

Filer Identification I	A12.42.41.24.221				
Filer Identingation	Winder:				,
· 養殖在日本 (現代) - 現代的 - 1000年	26(22) day 26(3) (A.				
Full Name of Con	telhutor:			MACCOLIM MUNDAWWARE BEI	
har the transfer of	Hutti			Date [MM/DD/YYYY] \$ 0	
	\$ #		<u>.</u>		
House #	Street Address			Date [MM/DD/YYYY] \$ 0	
					I
City	Electronic States	State	Zip Code	Date [MM/DD/YYYY] 8 0	
				**************************************	I
Description of Co	ntribution	建設を表現を を表現を表現を	/2555665758		
Full Name of Con	tributor			Date [MM/DD/YYYY] \$ 0	
i kultu in tin in di					İ
House #	Street Address			Date [MM/DD/YYYY]	
LIVIEU "	alitti Auuree			Pate Harrison 1997 4 0	į
				27.0	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] 8 0	
					I
Description of Co	ntribution		PS-Servi Cotton, and Angel Servi	120:320	
		7/4			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$ 0	I
					!
House #	Street Address			Date [MM/DD/YYYY] \$ 0	
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
City	51.145 (E. 1941) (P. 1971)	State	Zip Gode	Date [MM/DD/YYYY] 👪 D	
317			Alp occu		
Description of Go	intribution	871			
	Control of the Contro	6.0 Car			- ····
Full Name of Cont	ributor			Date [MM/DD/YYYY] 8 0	
nd one garaged to the second					
House #	Street Address		W	Date [MM/DD/YYYY] 8	
HOUNG #	SECECT WATER			Date [MM/DD/YYYY] \$ 0	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0	
e de la companya de l) A Company of the Co	
Description of Cor	atribution				
Full Name of Cont	ributor	2.11		Date [MM/DD/YYYY] 8	
Section of the conference				Date falsition (1111) 6 0	
House #	Street Address			Date [MM/DD/YYYY] \$ 0	
10 (12) 11 (12)					
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0	
				<u> </u>	
Description of Cor	atribution	[2:5] (2)	1900年1900年1900年1900年1900年1900年1900年1900		· · · · · · · · · · · · · · · · · · ·
	THE STATE OF THE S				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

			VALUE OVER \$ 250			
Filer Identificatio	n Number:					
(<u>0.000,000,000</u>)	The professional control of Education (Control of Education (Contr					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0		
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	and and the standard	Date [MM/DD/YYYY] \$ 0		
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0		
Employer Nam				Occupation		
Employer Maili Place of Busine	ng Address / Principal			Description		
Place of Busine		191 31		of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY] \$ 0		
City	Pentius et ligge sente traue	State	Zip Code	Date [MM/DD/YYYY] 3 0		
Employer Name	9			Occupation		
Employer Maili Place of Busine	ng Address / Principal			Description of		
LIGGE OF DUSING	er angele en			Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0		
House #	Street Address			Date [MM/DD/YYYY] & 0		
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0		
5 80 (3)						
Employer Name				Occupation		
Employer Maili Place of Busine	ng Address / Principal	(2.0).		Description Of		
Place of Dusine				Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0		
House #	Street Address			Date [MM/DD/YYYY] 8 0		
City.		State	Zip Code	Date [MM/DD/YYYY] \$ 0		
Employer Name			No. 30 to 45 45 65 68 O 2011 Congressions	Occupation		
Employer Maili	ng Address / Principal	84. 1881		Description		
Place of Busine				of		
		7 m fr 2 m		Contribution		

Statement of Expenditures

File	r Identification Number:			
125		1		

To Whom Paid Talk Erie.Com /WTZE Radio				Date [MM/DD/YYYY] \$	348.00
				10/21/2021	
House #	Street Address 10	912 Peach St.		Description of Expenditure	
All				2.66 (1.27.29) (2.7.27) (2.7.27)	
City Waterford		State Pa	Zip 16441 Code	Radio commercial spots	
To Whom Paid	United States Posta	l Service			208.80
				10/29/2021	
House #	Street Address 14	101 State Street		Description of Expenditure	
City Erie, Pa		State Pa	Zip 16501 Code	Postage	
To Whom Paid	Black Jax Bar & Gri	lle		Date [MM/DD/YYYY] \$	200.00
established that the				10/30/2021	
House#	Street Address 80	40 Perry Highway		Description of Expenditure	
City	Security of the	State Pa	Zip 16509	Banquet Hall rental	and the state of t
City Erie		State Pa	Zip 16509 Code	Banquet Hall rental	
To Whom Paid	Black Jax Bar& Grill			Date [MM/DD/YYYY] 1	377.66
	** C			11/02/2021	
House#	Street Address 80	40 Perry Highway		Description of Expenditure	
# # # # # # # # # # # # # # # # # # #					
City Erie		State Pa	Zlp 16509 Code	Beverage Tab	:
To Whom Paid	Black Jax Bar& Grill	e			327.36
	or and a second			11/04/2021	
House #	Street Address 80	40 Perry Highway		Description of Expenditure	
City Erie		State Pa	Zip 16509	Cost of Banquet Food	
		Га	Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	and in the second secon	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] 1	
House #	Street Address			Description of Expenditure	
	- 2014				
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] 8	
House #	Street Address			Description of Expenditure	
City		State	Zip Sada		
5745-1431			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	n Number:			
Name of Gredite	0			Outstanding Balance of Debt
House #	Street Address	1900	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	0
Description of D	lebt ,			
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address	, , , ,	DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of D	Table 1 Table	State	Zip Code	O
Description of D	IBDE:			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address	C	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	.Zip Code	0
Description of D				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Gode	0
Description of D	lebt			
Name of Credito	y.			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED. [MM/DD/YYYY]	
City	1 No. 2017 (1971)	State	Zip Code	0
Description of P	/ebt			
Description of D				
Name of Credito)r			Outstanding Balance of Debt
	or Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
Name of Credito	Street Address	State		



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 • rastcampaignfinance@pa.gov

2001100100 611 3: 23

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 Lobbyi	st	<u>.</u>	
Reporting Cycle	: Name				
Cycle 1 6th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 luesday Election	☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		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

WALK

Date (DD/MM/YYYY)

inted Name Location (City/State/Country

DSEB-502R Updated 1/22/2021



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

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)		