

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	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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)	05/20/2025	Year	2025		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/01/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	0	<div style="text-align: center;"> <p>2025 MAY -9 PM 2:26</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	200.00	
C. Total Funds Available (Sum of Lines A and B)	\$	200.00	
D. Total Expenditures (From Schedule III)	\$	156.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	44.00	
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9 day of May 20 25

Lauren E. Thayer
Signature

My Commission expires 12-20-2028
MO. DAY YR.

Notary Seal
 Lauren E. Thayer, Notary Public
 Erie County
 My commission expires December 20, 2028
 Commission number 141885

Signature of Person Submitting report

Printed Name

814

Area Code

384-9109

Daytime Telephone Number

MARK SLEPPY

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete. I have 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

My Commission expires
MO. DAY YR.

[Signature]
Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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)			\$
All Other Contributions (Part B)			\$ 200.00
Total for the reporting period		(2)	\$ 200.00
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>			\$ 200.00

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					Ron & Marianne Leone		Date [MM/DD/YYYY]		\$	200.00
							04/24/2025			
House #	1280	Street Address		Ponderosa Drive		Date [MM/DD/YYYY]		\$	0	
City	Erie	State	Pa	Zip Code	16509	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 #					Date [MM/DD/YYYY]	\$ 0
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$ 0
House #					Date [MM/DD/YYYY]	\$ 0
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$ 0
House #					Date [MM/DD/YYYY]	\$ 0
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$ 0
House #					Date [MM/DD/YYYY]	\$ 0
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$ 0
House #					Date [MM/DD/YYYY]	\$ 0
Street Address						
City		State		Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$ 0
House #					Date [MM/DD/YYYY]	\$ 0
Street Address						
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:	
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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:	
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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								

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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Imagine This				Date [MM/DD/YYYY]		\$ 156.00	
						04/25/2025			
House #		Street Address	1147 Oberlin Ave.S.W.			Description of Expenditure			
City	Massillon		State	Oh		Zip Code	44647		
					Signs				
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						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						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			

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]		\$	
City		State		Zip Code			
Description of Debt							

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

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

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

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

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