

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

Filer Identificati Number	on		Report Filed (Mark X)	By Candida	te 🔀	Committee		Lobbyist
Name of Filing 0 Lobbyist	Committee, Ca	ndidate or	Mark Sleppy					
Street Address			7337 Footmill I	Rd.				
City	Erie			State	Pa	Zip Code	16509	
Type of Report (Place x under i	eport type)						
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post 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
Date Of Election (MM/DD/YYYY)	the contract of the state of th	05/20/2025	Year	2025	Amendment Report		Termination Report	
Summary of Rec Expenditures	eipts and	From Date 02/01/2025	To Dat	6 5/05/2025		For	Office Use Only	
A. Amount Brou	ight Forward F	rom Last Report	8	0				
B. Total Moneta (From Schedule		ns and Receipts	8	200.00				
C. Total Funds A (Sum of Lines A		la de de la la de la	8	200.00	2025 MAY -9 LINE CC VOTER REGI			
D. Total Expend (From Schedule	ill)		\$	156.00				
E. Ending Cash B (Subtract Line D	from Line C)		8	44.00				
F. Value of In-Ki (From Schedule	(I)		3	0	RATE 2			
G. Unpaid Debts (From Schedule		ns	8	0	<u> </u>			
Part 1- if this is a C	ammittaa ranar	t tropourar plan h	ara li thia ia a Car	Affidavit Sec				
I swear (or affirm)	that this report,	including the atta	ere. II tilis is a Gai ched schedules ∌	pager, is to the	ncluate sign here. Sest of my knowled	ge and bellef tr	ue, correct and comple	te.
Sworn to and subs			3	o 3	·			
	May	<u> 20 25 </u>	_ ' 3	nmonwealth Lauren E Commissio				
A			Menn		Signature o	of Person Subm	itting report	
Karin	Signature	have		of Pennsy Thayer, Erie Cou expires i	alu -	Printed Nam		
My Commission ex	pires /2	-20-20	Wyvania Associ	Thayer, Nota Erie County n expires Dece	814		884-910	<u>S</u>
	MO.	DAY YR.	ociati	h of Pennsylvania Theyer, Notary Erie County n expires Decems	rea Code	ARK Day	time Telephone Numbe	er
Part II- If this is a re	eport of a Candio	late's Authorized	Committee, can	dase sharbsigh he		1.		DI 1000 PO 000
I swear (or affirm) amended.	MAI TO THE DEST	oi my knowledge a	OCCION TONOU DILL C	+ 0.11	ias not Violated any	provisions of t	he Act of June 3, 1937 (r.l. 1333, NO.320) as
Sworn to and subs	cribed before me	this	varies	Seal 2028		·		
	571504 501010 IIII		• •					
day of		20	<u> </u>	L	Sign	ature of Candid	late	
	Signature		, j	_		Printed Name	_,	
My Commission ex	pires	DAY YR.		A	rea Code	Dayti	ime Telephone Number	

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number		•	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		2000 2000	
Total for the reporting period	(1)	8	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)		8	200.00
Total for the reporting period	(2)	8	200.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	îzezetî ş	8	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)	8	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, Re	eport	\$	200.00

Cover Page, Item B)

PART A

Contributions Received From Political Committees

 $\$\,50.01\,\text{TO}\,\$\,250.00$ 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.

Number				
7A-028-08-0-0-0-1				Amount
tributing		Date [MM/DD/YYYY]	8 0	
Street Addres	SS		Date [MM/DD/YYYY]	
	<u></u>			To stand
	State	Zip Code	Date [MM/DD/YYYY]	8 0
tributing		The state of the s	Date [MM/DD/YYYY]	48 o
Street Addres	BS .		Date [MM/DD/YYYY]	8 0
	3 8			
	State	Zip Code	Date [MM/DD/YYYY]	\$ 0
tributing	P System of the state of the st	The state of the s	Date [MM/DD/YYYY]	\$ 0
Street Addres	/S		Date [MM/DD/YYYY]	0
	State	Zip Code	Date [MM/DD/YYYY]	8 0
tributing	[7.8.4747]	1998 (1987) B. S. H.	Date [MM/DD/YYYY]	8 0
Street Addres	\$ 8 4 4		Date [MM/DD/YYYY]	§ 0
	State	Zip Code	Date [MM/DD/YYYY]	1 0
tributing			Date [MM/DD/YYYY]	- ⁸ 0
Street Addres	is		Date [MM/DD/YYYY]	1 0
	3		,	
	State	Zip Code	Date [MM/DD/YYYY]	§ 0
tributing		E controls may be	Date [MM/DD/YYYY]	3 0
Street Address	\$		Date [MM/DD/YYYY]	. o
	State	Zip Code	Date [MM/DD/YYYY]	. • o
	tributing Street Addres tributing Street Addres tributing Street Address tributing Street Address	Street Address State tributing Street Address State	Street Address State Zip Code	Street Address Date [MM/DD/YYYY]

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 N	lumber:				
Full Name of Contr	tributor Ron & Mariar	anne Leone		Date [MM/DD/YYYY] \$	200.00
				04/24/2025	
House # 1280	Street Address	Ponderosa Drive		Date [MM/DD/YYYY] \$	o
City Erie	Per de la constantina del constantina de la cons	State Pa	Zip Code 16509	Date [MM/DD/YYYY] \$	0
100					<i>,</i>
Full Name of Contr	ributor	· ···		Date [MM/DD/YYYY] 8	0
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 8	0
City	Programme	State	Zip Code	Date [MM/DD/YYYY] \$	o
Full Name of Contr	<i>(</i> ibutor			Date [MM/DD/YYYY] &	0
					4
House #	Street Address			Date [MM/DD/YYYY] \$	0
City	In a second	State	Zip Code	Date [MM/DD/YYYY] \$	lo
Full Name of Contr	ributor	1	175.1Western Commission Commission	Date [MM/DD/YYYY]	n
Proposition of the second					<u>"</u>
House#	Street Address			Date [MM/DD/YYYY] \$	0
					l ^o
City	March State Control of the State of the Stat	State	Zip Code	Date [MM/DD/YYYY] \$	∮n ·
		100			
Full Name of Contri	/ibutor			Date [MM/DD/YYYY] 8	O
					1
House #	Street Address			Date [MM/DD/YYYY] 8	0
4.25					
City	February and the processing and any and	State	Zip Code	Date [MM/DD/YYYY] 8	0
		\$ 600 mg			1
Full Name of Contri	lbutor			Date [MM/DD/YYYY] \$	0
					1
House #	Street Address			Date [MM/DD/YYYY] 8 (n
					Ĭ
City		State	Zip Code	Date [MM/DD/YYYY] \$ (0
4870-8860-21		[20] 图 第2629 [March Control	100 J	1

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	n Number:				
Full Name of Contributing Co	ommittée			Date [MM/DD/YYYY] \$ 0	
House #	Street Addre)\$\$		Date [MM/DD/YYYY] 3 0	
City	100	State	Zip Code	Date [MM/DD/YYYY] \$ 0	
Full Name of				Date [MM/DD/YYYY] 8 0	
Contributing Co		Z 9		V	
	Street Addre	JSS		Date [MM/DD/YYYY] 3 0	
City		State	Zíp Gode	Date [MM/DD/YYYY] 1 0	
Full Name of Contributing Co		· ·		Date [MM/DD/YYYY] \$ 0	· ,, ·
House #	Street Addre	iss		Date [MM/DD/YYYY] 5 0	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0	
Full Name of Contributing Co	mmittee	\$200 Sec. (2014)		Date [MM/DD/YYYY] 8 0	
House #	Street Addre	SS		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]	
House #	Street Addres	SS		Date [MM/DD/YYYY] 1 0	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$ 0	
House #	Street Addres	SS		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)

Alleria de la constanta de la	(ono non pontion commit	iodo roportos in ruitoj
Filer Identification	on Number:			Ĭ
ti di jarah dan dan dan dan dan				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$ 0
15 S. 15 S. 10 W.	1. 原中的4.5. 家			
*# 14 PA 17 19 F				
House #	Street Address			Date [MM/DD/YYYY] \$ 0
1 (2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		lana resid	eservicio eservid	
City		State	Zip Code	Date [MM/DD/YYYY] 3 0
Employer Nam	0			Occupation
Employer Mail	ing Address /			
Principal Place	of Rusiness			
Full Name of C	to make a section of the color of the section of th			Date [MM/DD/YYYY]
. on rang vi v	Similar Constitution			Date [MM/DD/YYYY] \$ 0
House #	Street Address		·	Date [MM/DD/YYYY] \$ 0
10 m 10 m	Control of the Control			
3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Nam	0	200 to 100 to	e tree groups (CC) and (CC) and (CC)	Occupation
t is said a se	State Assessment Service			
Employer Mail	ing Address /			
Principal Place	And the contract of the contra			·
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
HOUSE #	alieel Address			Date [MM/DD/YYYY] 3 0
City	[27.37.27.27.27.27.45.2]	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Nam	9			Occupation
age 17 to the				- Companion
Employer Maili				Linearity and the second of th
Principal Place	Control for Control and the Artist of the Control o			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0
4.5 2.00 5.00				
House #	Street Address			Date [MM/DD/YYYY] \$ 0
87 P. 172 T. 187				
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
		otalo	Lip Gode	Date [MM/DD/YYYY] 8 0
			75 March 1997	
Employer Name	9		<u> </u>	Occupation
	271			
Employer Maili	ng 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 Num	nber:			
Full Name	F-010x-0172			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 1 0
Receipt Description		Proceedings of the second	17,10000000000	ulasisi l
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description				1 138,00
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] & 0
Receipt Description		1009/05/1007	Patanif and article	
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	····	
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Receipt Description				Newsoff .
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description			,	J/333
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		•		1

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:			
HAUTEMIZED IN VIND CONTO	BUTIONS RECEIVED VALUE OF \$5	0.00	A OD LEGG DED CONTRIDITION
TOTAL for the reporting period	(1)	194 (134)	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250).00 (1	(FROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PAI	ART G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr 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 I	Number:				· · · · · · · · · · · · · · · · · · ·
Full Name of Con					
Fuil Name of Com	unuu(o)			Date [MM/DD/YYYY]	5 0
House #	Street Address			Date [MM/DD/YYYY]	8 0
City		State	Zip Code	Date [MM/DD/YYYY]	* 0
Description of Co	ntribution				\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Full Name of Cont	tributor	- Varialis		Date [MM/DD/YYYY]	8 0
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	8 0
Description of Cor	ntribution		1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	. <u>1</u> , , , , , , , ,	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	9 0
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 0
Description of Cor	ntribution	75.00.00	\$ 545 \$10,000 (10,000 MT) \$10.0		6344
Full Name of Cont	ributor			Date [MM/DD/YYYY]	0
House #	Street Address	-		Date [MM/DD/YYYY]	0
City		State	Zip Code	Date [MM/DD/YYYY]	3 0
Description of Cor	ntribution			1 1	2015
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Date [MM/DD/YYYY]	§ 0
City		State	Zip Code	Date [MM/DD/YYYY]	i 0
Description of Cor	ntribution		I de date de les que estables de la constant		2273

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$ 250

			VALUE OVER \$ 250	
Filer Identification	n Number:			
Full Name of Co	Intributor			Date [MM/DD/YYYY] \$ 0
House #	Street Address			Date [MM/DD/YYYY] \$ 0
City		State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name	State of the state			Occupation
Employer Mailing Place of Busines	ng Address / Principal ss			Description of
riavo o, suc				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$ 0
House #	Street Address	· · · · ·		Date [MM/DD/YYYY] \$ 0
A Maria (Maria Cara)				
City	And the second section of the second section is a second section of the second section	State	Zip Code	Date [MM/DD/YYYY] 8 0
Employer Name		Æ.	A la	Occupation
	ng Address / Principal	ion Con		Description
Place of Busines	SS			of Contribution
Full Name of Co	intributor	AET.		Date [MM/DD/YYYY] \$ 0
House #	Street Address	<u></u>		Date [MM/DD/YYYY] \$ 0
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] 8 0
	e e			
Employer Name		BEST STREET, ST.	I of the self at the man was the second	Occupation
	ng Address / Principal			Description
Place of Busines	is.			of -Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8 0

House #	Street Address			Date [MM/DD/YYYY] \$ 0
				1
City	Sept. Comm. 1911. Sept. 1	State	Zip Code	Date [MM/DD/YYYY] 8 0

Occupation

Description

Contribution

Employer Name

Employer Mailing Address / Principal Place of Business

Statement of Expenditures

Filer Identification Number:	
A NAME OF THE PARTY OF THE PART	
20 120 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

To Whom Paid	Imagine This			Date [MM/DD/YYYY]	156.00
Para Santana Santana				04/25/2025	
House #	Street Address 1	147 Oberlin Ave.S.W.		Description of Expendi	iture
City Massillon	是书名的是公司	State Oh	Zip 44647 Code	Signs	
To Whom Paid		100 5 Carlott 35 505 VI	Et rope communed	Date [MM/DD/YYYY]	8 0
House #	Street Address	,		Description of Expendit	lure
City	1270 Martin a Marin a marija se an	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Description of Expendit	Ure:
City		State	Zip Code		and Name of the Control of the Contr
To Whom Paid				Date [MM/DD/YYYY]	0
House #	Street Address			Description of Expendit	ure
City		State	Zip Code	540,193,414,515,55	Sand 2003 de l'Ambrell et l'Albert et le manuel de l'ambrel et l'ambrel et l'ambrel et l'ambrel et l'ambrel et
To Whom Paid				Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		200 (1) 13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
To Whom Paid	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*		Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Description of Expenditu	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	0
House #	Street Address			Description of Expenditu	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	0
House #	Street Address			Description of Expenditu	ire
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.

rier identification No	MIDS:		.=	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		EBT INCURRED I/DD/YYYYJ	•
City			ip ode	0
Description of Debt	Processor			1.22-1
Name of Creditor	2.0			Outstanding Balance of Debt
House #	Street Address		EBT INCURRED I/DD/YYYY]	
City			ip ode	0
Description of Debi				
Name of Creditor		·		Outstanding Balance of Debt
House #	Street Address	4.0 (4.0%) (2.0%) (2.0%) (2.0%)	EBT INCURRED I/DD/YYYY]	
City			ip ode	0
Description of Debt				
Name of Creditor House #	0.2200.2200	li oznateni	EBT INGURRED	Outstanding Balance of Debt
	Street Address	[MM]	I/DD/YYYY]	0
City Description of Debt			ip ode	
Name of Creditor House #	Brand and a	Proparing	-DZ4INOUDDED	Outstanding Balance of Debt
nouse #	Street Address		EBT INCURRED /DD/YYYY]	0
City Description of Debt			ip ode	0
Description of Dear				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		EBT INCURRED /DD/YYYY]	
City			ode p	0
Description of Debt				