Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identification 2004106 Number : | | | | | | t 3y: | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|--|------------------------------------|-------------|-----------------------|----------|---------------|--------------------------------|--------------|-----------|----------|----------|------------------------|----------------|--------------|----------|----------------|--|
| | Committee, Candi | date or L | obbyist: | | | - | RT COM 1 | | СТ | | | | | | | |
| Street Address: | 7805 EAST I | AKE ROA | ٩D | | | | | | | | | | | | | |
| City: | ERIE | | | | | | State: | PA | | | Zip Code: 16511 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. X | 30 D/ PRIM | | POST- | 3. | | AMENDMENT REPORT? | | Yes | No | · 🗸 | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | AY PRE | <u>-</u> 5. | 30 D/ ELEC | | POST- | POST- 6. | | TERMINATION REPORT? | | Yes | No | · 🗸 | |
| report type) | ANNUAL REPOR | T 7. | Year 2012 | | | FILING METHOD () CHECK ONE | | | | | PAPER | | \checkmark | DISK | TTE | |
| Name of Office S | ⊥ Sought by Candid | ate: | | | | | DATE O | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code | |
| | IVE IN THE GENE | | | | | | мо | DAY | YE | AR | 4 | STH | REP | 1 | 25 | |
| REPRESENTAL. | | KAL ASS | | | | | 11 | | 6 | 2012 | | (SEE INS | TRUCTI | ONS FOR | CODES) | |
| | Receipts and | мо | DAY | YEAR | Ł | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | | |
| Expenditures | s from: | | 3 6 | 5 2 | 012 T | 0 | 4 | | 9 | 2012 | | | | | | |
| A. Amount Bro | ught Forward Fro | om Last R | leport | | | \$ | | | 9,3 | 02.40 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 7,500.00 | | | | | | | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 16,802.40 | | | | | | | | | | | | | | | | |
| D. Total Expen | ditures (From Sc | hedule II | I) | | | \$ | | | 1,0 | 40.12 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | C) | | \$ | • | | 15,7 | 62.28 | | | | | | |
| F. Value Of In- | Kind Contribution | ns Receiv | ed (From S | chedu | le II) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Deb | ts And Obligation | s (From S | Schedule I\ | /) | | \$ | • | | | 0.00 | | | | | | |
| | | | | AFF | IDAVI | T SE | CTION | | | | | | | | | |
| | s a Committee re | • | - | | | | | • • | | - | | ¢ 1 | | | | |
| correct and compl |) that this report, in ete. | cluaing the | e attached sc | neaules | s filed on | paper | or by elect | ronic me | eaium, | are to | the best o | т ту кпоч | leage | and bei | ler , true | |
| Sworn to and subs | scribed before me th day of | is | _ 20 | | | | | | Si | ignature | e of Perso | n Submitt | ing Rep | oort | | |
| | Signat | ure | | | | _ | | | | | Prin | ted Name | | | | |
| My Commission E | xpires | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | Are | a Cod | e | Daytin | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | authorized | Comn | nittee, C | andid | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of ed. | my knowl | edge and bel | ief this | political | comm | iittee has n | ot violat | ed any | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P.I | L. 1333, | |
| Sworn to and subse | cribed before me thi day of | S | 20 | | | | | | | s | ignature | of Candida | ite | | | |
| | | | | | | _ | | | | | Printe | ed Name | | | | |
| My Commission Exp | Signature | 9 | | | | - | | | | | Ema | il | | | | |
| | | | | | | _ | | | | | | | | | | |
| | мо | D | AY | YR | 1 | | | Area | Code | | D | aytime Te | lephon | e Numł | ber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SONNEY, CURT COM TO ELECT From: <u>3/6/2012</u> **To:** 4/9/2012 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 4,000.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 4,000.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 3,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 7,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

| Name of Filing Committee or Candidat | Name of Filing Committee or Candidate | | | | | | | |
|--|---------------------------------------|------------------------------------|----|-----|---------------|-----------------------|----|-----------------|
| SONNEY, CURT COM TO ELECT | | | Fr | om: | <u>3/6/20</u> |) <u>12</u> To | : | <u>4/9/2012</u> |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee PAMIC PAC | | | | мо | DAY | YEAR | | |
| Mailing Address 1017 MUMMA RD | SUITE 103 | | | | | | \$ | 250.00 |
| City WORMLEYSBURG | StateZip Code (Plus 4)PA17043 | | | | 15 | 2012 | | |
| Full Name of Contributing Committee PENNSYLVANIA WINERY ASSOC. PAC | | | | | DAY | YEAR | | |
| Mailing Address 411 WALNUT ST. | State Zin Code (Plus 4) | | | | 6 | 2012 | \$ | 250.00 |
| Full Name of Contributing Committee PA ACADEMY OF AUDIOLOGY PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 908 N. 2ND ST City HARRISBURG | State PA | Zip Code (Plus | 4) | 3 | 2 | 2012 | \$ | 250.00 |
| Full Name of Contributing Committee BIKE PAC | | | | мо | DAY | YEAR | | |
| Mailing Address P.O. BOX 564 City MECHANICSBURG State Zip Code (Plus 4) PA 17055 | | | | 2 | 18 | 2012 | \$ | 250.00 |
| Full Name of Contributing Committee GGR INC PAC | | | | мо | DAY | YEAR | | |
| Mailing Address 212 LOCUST ST S | STE 300 State PA | Zip Code (Plus 171011510 | 4) | 3 | 6 | 2012 | \$ | 250.00 |

| | | | | | | | - |
|---------------------------------------|--|---------------|-------------------|----|-----|------|------------------|
| Full Name of Cont | ributing Committee | | | мо | DAY | YEAR | |
| SRW & A PAC | | | | MO | DAT | TEAR | |
| Mailing Address | 2005 BROAD ST | . STE. 850 | | | | | \$ 250.00 |
| City PHILADEL | PHIA | State | Zip Code (Plus 4) | 6 | 9 | 2011 | |
| | | PA | 191023823 | | | | |
| Full Name of Cont PENNSYLVANIA B | ributing Committee EER ALLIANCE | | | мо | DAY | YEAR | |
| Mailing Address | 411 WALNUT ST | | | | | | \$ 250.00 |
| City HARRISBU | JRG | State | Zip Code (Plus 4) | 3 | 13 | 2012 | |
| | | PA | 17101 | | | | |
| Full Name of Cont PENN NATIONAL 1 | мо | DAY | YEAR | | | | |
| Mailing Address | 2 NORTH 2ND S | T. 14TH FLOOR | | | | | \$ 250.00 |
| City HARRISBU | IRG | State | Zip Code (Plus 4) | 2 | 28 | 2012 | |
| | | PA | 171012361 | | | | |
| | r ibuting Committee ICAL ACTION COMM | . PHARMPAC | | мо | DAY | YEAR | |
| Mailing Address | 508 NORTH THI | RD ST. | | | | | \$ 250.00 |
| City HARRISBU | IRG | State | Zip Code (Plus 4) | 2 | 21 | 2012 | |
| | | PA | 171011199 | | | | |
| Full Name of Cont PENNSYLVANIA R | ributing Committee EALTORS PAC | | | мо | DAY | YEAR | |
| Mailing Address | 500 N. 12TH ST | | | | | | \$ 250.00 |
| City LEMOYNE | | State | Zip Code (Plus 4) | 3 | 5 | 2012 | |
| | | PA | 17043 | | | | |
| Full Name of Contr FIRST ENERGY PA | ributing Committee | | | мо | DAY | YEAR | |
| Mailing Address 76 S. MAIN ST | | | | | | | \$ 250.00 |
| City AKRON | | State | Zip Code (Plus 4) | 3 | 5 | 2012 | |
| | | ОН | 44308 | | | | |
| | | 1 | | I | 1 | I | 1 |

| | | | | | | TREE J | |
|--|--|---------------------------------------|------|-----|-------------------|------------------|---|
| Full Name of Contributing Committee DISPAC | 2 | | мо | DAY | YEAR | | |
| Mailing Address 230 SOUTH BI | ROAD ST. SUITE | 903 | | | 2012 | \$ 250.00 | 0 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | 3 | 9 | 2012 | | |
| Full Name of Contributing Committee PAA - PAC | 2 | | мо | DAY | YEAR | | |
| Mailing Address 1925 N. FRON | IT ST. P.O. BOX | 2955 | | | | \$ 250.00 | 0 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17105 | 2 14 | | 2012 | | |
| Full Name of Contributing Committee PREA ACRE ACC. | мо | DAY | YEAR | | | | |
| Mailing Address P.O. BOX 1266 | | | | | | \$ 250.00 | 0 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | 3 | 5 | 2012 | | |
| Full Name of Contributing Committee CHAMBER PAC | 2 | | мо | DAY | YEAR | | |
| Mailing Address 417 WALNUT | ST | | | | | \$ 250.00 | 0 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171011902 | 3 | 7 | 2012 | | |
| Full Name of Contributing Committee HIGHMARK HEALTH PAC | 3 | | мо | DAY | YEAR | | |
| Mailing Address 1800 CENTER | ST. | | | | | \$ 250.00 | 0 |
| City CAMP HILL | CAMP HILL State Zip Code (Plus 4 PA 170890089 | | 2 | 23 | 2012 | | |
| | I | I | 1 | | | PAGE TOTAL | |
| Enter Grand Total of Part A on So | iled Summary Page, Section | on 2. | | | \$ 4,000.0 | 00 | |

| PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A) | | | | | | | | | |
|---|---|--|-----|----------|-------|------|----|--------|--|
| Name of Filing Committee or Candidat | e | | Rep | orting P | eriod | | | | |
| From: To: | | | | | | | | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| Sity State Zip Code (Plus 4) | | | | | | | | | |
| PAGE TOTAL | | | | | | | | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00 | | | | | | | | | |

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 from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | | | Reporting | Period | | | |
|---|---------------------------------|--------------------------|-----------|-----------|---------------|------|------------------|
| SONNEY, CURT COM TO ELECT | | | From: | <u>3/</u> | <u>6/2012</u> | То: | <u>4/9/2012</u> |
| | | | | DA | TE | | AMOUNT |
| Full Name of Contributing Committee PHYSICIAN ASSISTANTS PAC | | | | мо | DAY | YEAR | |
| Mailing Address 200 N. THIRD ST SU | IITE 1500 | | | | | | \$ 500.00 |
| City HARRISBURG | State PA | Zip Code 17101 | (Plus 4) | 3 | 12 | 2012 | |
| Full Name of Contributing Committee PENNSYLVANIA INSURANCE PAC | | | | | DAY | YEAR | |
| Mailing Address 1600 MARKET ST. S City PHILADELPHIA | UITE 1720 State PA | Zip Code 19103 | (Plus 4) | 2 | 24 | 2012 | \$ 500.00 |
| Full Name of Contributing Committee Z-PAC PA ANESTHESIOLOGISTS | | | | мо | DAY | YEAR | |
| Mailing Address P.O. BOX 823 | State PA | Zip Code 17108 | (Plus 4) | 3 | 8 | 2012 | \$ 1,000.00 |
| Full Name of Contributing Committee UROLOGIST FOR PATIENT ACCESS TO (| CARE U-PAC | • | | мо | DAY | YEAR | |
| Mailing Address 211 S. GULPH STE 2 City KING OF PRUSSIA | 00 State PA | Zip Code 19406 | (Plus 4) | 3 | 8 | 2012 | \$ 1,000.00 |
| Full Name of Contributing Committee PA OPHTHALMOLOGY PAC | | | | мо | DAY | YEAR | |
| Mailing Address 200 N 3RD ST SUITE | E 1500 State PA | Zip Code 17107 | (Plus 4) | 3 | 9 | 2012 | \$ 500.00 |

\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМ | OUNT |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | Address | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3. | | Γ | PA | GE TOTAL |
| | , | | , . <u>.</u> | - | | | \$ | 0.00 |

I

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.

| Name of Filing Committee or Candidate | | | Report | ing Perio | d | | | | |
|---------------------------------------|----------------------|---------------|---------|-----------|-----|------|----|---------|------|
| | | | From: | From: To: | | | | | |
| | | | | D | ATE | | | AMOUNT | 1 |
| Full Name | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | \$ | 5 | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | | | | | | • | • | | |
| Enter Grand Total of Part E on Schedu | ule T. Detailed Summ | nary Page | Section | 4 | | | | PAGE TO | TAL |
| | | illi y i uge, | Section | | | | \$ | | 0.00 |

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

| Name of Filing Committee or Candidate | Reporting Period | | |
|---|-------------------------|----------------------------|-----------------|
| SONNEY, CURT COM TO ELECT | From: | <u>3/6/2012</u> то: | <u>4/9/2012</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART | ſF) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | Period | | | |
|--|-------|-------------------|-----------|----------|------|--------|-------|
| | | | From: | | | То: | |
| | | | | DATE | | AMOU | INT |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2. | | | iled Sum | mary Pag | e, | PAGE 1 | TOTAL |
| | | | | | 4 | 5 | 0.00 |

PAGE 13

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting P | Period | | | | |
|--|-------|------------------|--|--|------------|---------------------------|-----------|--------|-------|-----------------|--|
| | | | | | Fro | om: | | То: | То: | | |
| | | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | |
| City | State | Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | | | | Occupation | | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | | | Zip 4) | Code(Plus | Descri | otion | of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|--------------------|------------------------|--|----------------------------|---------------|----------|-----------------|--|
| SONNEY, CURT COM TO ELECT | | | From | 3/0 | <u>5/2012</u> | То: | <u>4/9/2012</u> | |
| | | | | DATE | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| CAPITAL INS. | | | | | | | | |
| Mailing Address 4113 DERRY ST. | | | 1 | 7 | 2012 | \$ | 15.00 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | |
| | PA | 17111 | NOTAR | Y | | | | |
| To Whom Paid WHIPLASH RADIO | | | мо | DAY | YEAR | | | |
| Mailing Address 534 E. PLEASANT ST. | | | 1 | 26 | 2012 | \$ | 55.00 | |
| City CURRY | State | Zip Code (Plus 4) | Description of Expenditure ADVERTISMENT | | | | | |
| | PA | 16407 | | | | | | |
| To Whom Paid CASH | | | мо | DAY | YEAR | | | |
| Mailing Address 7783 EAST LAKE RD | | | 1 | 27 | 2012 | \$ | 500.00 | |
| City ERIE | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | |
| | PA | 16511 | CAMPAIGN WORKERS | | | | | |
| To Whom Paid STAPLES | | | мо | DAY | YEAR | | | |
| Mailing Address 1924 KEYSTONE DR. | | | 2 | 2 | 2012 | \$ | 82.62 | |
| City ERIE | State | Zip Code (Plus 4) | Description of Expenditur | | | I | | |
| | PA | 16509 | OFFICE SUPPLIES | | | | | |
| To Whom Paid STOCKS ON SECOND | | | мо | DAY | YEAR | | | |
| Mailing Address 211 N. 2ND ST. | | | 3 | 13 | 2012 | \$ | 387.50 | |
| City HARRISBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 17101 | FUND RAISER BREAKFAST | | | | | |
| | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditu | ires on Page 1, Re | eport Cover Page, Item | J. | | | \$ | 1,040.12 | |