Campaign Finance Report

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

Filer Identificati Number :	on	20140	C0677				port ed B		CAND	CANDIDATE COMMITTEE LOBBYIST						BYIST		
Name of Filing Committee, Candidate or Lobbyist: SONNEY, CURTIS G																		
Street Address:																		
City:									State:				Zip Code	: 16	511			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of						5.	30 DA		POST-	6.	TERMINAT REPORT?	ION	Yes	No		/		
report type)	ANNUAL F	REPORT	7.	Year 2014	2014 FILING METHO () CHECK O								PAPER		/	DISKE	TTE	
Name of Office S	ought by (Candidat	:e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									мо	DAY	YEAF	≀	4	STH	REP		25	
REPRESENTATI	VE IN THE	: GENEK	AL ASS	EMBLY					11		4 2	014		(SEE INS	TRUCTIO	ONS FOR C	CODES	,
Summary of		and	МО	DAY	YEAR	t			МО	DAY	YEAR	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	014	T	0	1	L	2 2	014						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$			(0.00						
B. Total Moneta	ary Contrib	outions A	Ind Rec	eipts (From	Sche	dule	e I)	\$			(0.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$			(0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$			C	0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C	:)			\$			0	.00						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From Sc	hedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Obli	gations	(From S	chedule IV))			\$			C	0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Commit	ttee repo	ort, trea	surer sign h	iere. I	If th	nis is	a Can	ndidate r	eport,	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	ıding the	: attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of r	ny know	/ledge	and belie	ef , trı	ıe.
Sworn to and subs	cribed befor day of	e me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
		Signatur	<u> </u>			_		-					Printe	d Name				-
My Commission Ex	pires	Signatui	e										Email					-
	м	10	D#	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	f this	poli	itical	commi	ittee has ı	not viola	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this										S	ignature of	Candida	te			-
	day of ——							_					Printed	Name				-
	Si	ignature						-										_
My Commission Exp	ires												Email					
	_	мо	D/	AY	YR	l I		-		Area	Code		Day	time Te	lephon	e Numb	er	۱ ا

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SONNEY, CURTIS G	From:	1/1/201	<u>4</u> То:	1/2/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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.

Name of Filing Committee or Candidate				Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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)

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	~)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
	From: To			To) :			
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
From				om: To:				
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	I	
SONNEY, CURTIS G	From:	<u>1/1/2014</u> To :	1/2/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,	•	\$	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								
Fr				From: To:					
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	-	-	•	•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details			iled Sum	mary Pag	ge,		PAGE TOTA	L	
Section 2.						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
F					m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00