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 201	4C0677				port		CANE	NDIDATE COMMITTEE LOBBYIS				BYIST				
Name of Filing C	ommittee, Candi	date or L	obbyist:		SOI	NNE,	Y, CUF	RTIS G					_			•	
Street Address:																	
City:								State:				Zip Code: 16511					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	≣-	5. X	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL REPORT	JAL REPORT 7. Year 2014 FILING METHO () CHECK OI						PAPER		V	DISKE	TTE					
Name of Office S	ought by Candida	ite:	•					DATE	OF ELE	CTION		District Number	Office Code	Pai	ty Code	Coun	
	· · ·							МО	DAY	YEAR	1		STH	REF)	25	
REPRESENTATIVE IN THE GENERAL ASSEMBLY							1	1	4 2	014		(SEE IN	STRUCTI	ONS FOR (CODES)		
	Receipts and	МО	DAY Y	/EAR	2			МО	DAY	YEAR	2	FOR	OFFIC	CE USE	ONLY		
Expenditures	from:		6 10	2	014	T	0	1	0	20 2	014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			0	,00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			0	.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			4	\$			0	.00						
D. Total Expend	ditures (From Scl	edule II	I)	-	4		\$			0	.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			•	\$	\mathcal{I}		0	.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	iedu	le I	1)	\$			0	.00						
G. Unpaid Debt	s And Obligation	(From S	Schedule IV)			\ (\$			0	.00						
				AFF	ΊD	AVI	T SE	CTION	J								
PART I - If this is			17														
I swear (or affirm) correct and comple	that this report, ine ete.	cluding the	attached sche	dules	s file	ed on	paper (or by ele	ctronic m	edium, ar	e to t	the best of r	ny knov	wledge	and beli	ef , trı	1 e
Sworn to and subs	cribed before me th day of	is	20							Sign	ature	e of Person S	Submit	ing Re	oort		
	Signat	ıre					_					Printe	d Name				
My Commission Ex	pires						_					Email					
	МО	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	didate's	authorized C	omn	nitte	ee, C	andida	ate shal	ll sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee has	not viola	ted any pi	rovis	ions of the a	act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		i									s	ignature of	Candid	ate			-
	day of ————————————————————————————————————						_					Printed	Name				-
	Signature						-										_
My Commission Exp	_											Email					
	мо	D	AY	YR	l		-		Area	Code		Day	time T	elephor	ne Numb	er	۱ ٔ

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	eu Summary Page				
Name of Filing Committee or Candidate		Reporting	Period		
SONNEY, CURTIS G		From:	6/10/201	<u>4</u> То:	10/20/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per	r 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)		4	5	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 I	Part D\		, ,	7	
	•	-		#	
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 Che	cks, Etc. (From Part E)				
	TOTAL for the Reporting	Period	(4)	\$	0.00
	7				
Total Monetary Contributions and Receipts During this R totals from Boxes 1,2,3 and 4; also enter this amount on	Reporting Period (Add and Page1, Report Cover Pag	enter amo	ount)	\$	0.00
4					

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			Reporting Period					
			Fro	om:		То	:	
		·			DATE		АМО	UNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							s	0.00
City	State	Zip Code (Plus 4	1)					

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

PAGE TOTAL
0.00

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 Candidate			Reporting Period					
			From:			To) :	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	1	
Mailing Address						1	5	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL \$ 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				
			From:			То:		
				DA	TE.		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	7	
Mailing Address								0.00
City	State	Zip Code	e (Plus 4)					
				<u></u>	1		PAGE TO	OTAL
Enter Grand Total of Part C on Sched	iule 1, 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			Reporting Period					
			Fror	m:		To:		
	Il Name of Contributor iling Address y State Zip Code				ATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	ŝ	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion		2	
Employer Mailing Address/Principal Place of Business City					State		Zip Code (Plus 4	1)
Enter Grand Total of Part C on Scheo	Section	on 3.		\$	PAGE TOT	O.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	ting Perio	od			
			From:			To:		
				D	ATE		AMOUN	т
Full Name				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Plus 4)						
Receipt Description	•	•		^	(\		7/	
Fatou Count Total of Boot F on Cabada	la I Datailad Comm		Castian		, ,		PAGE TO	OTAL
Enter Grand Total of Part E on Schedu	le 1, Detalled Sumn	nary Page,	Section		1	9	•	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 Per	iod								
SONNEY, CURTIS G	From:	<u>6/10/2014</u> To:	10/20/2014							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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

	VALO	2 01 \$50.01 10	φ 2 5010				
Name of Filing Committee or Candidate			Reporting	Period			
	iling Address				To:		
		•		DATE		AMOUNT	
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 Sched Section 2.	lule II, In-Kind	d Contributions Detail	iled Sum	mary Pag	ge, \$	PAGE TOTA	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate								
Name of Fining Committee of Candidate			Kep	orting F	Period				
			Fro	m:		То:	То:		
			<u> </u>		A	MOUNT			
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address				5	0.00				
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ntion				
Employer Mailing Address/Principal Pla	ce of Business	City	State	Zip	Code(Plus 4)	Description of Co	ntribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, In-Kin	nd Contributions D	etaile	d		P	O.00		
				<i>)</i>					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
	hom Paid					То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR	^		
Mailing Address						\$	0.00	0
City	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		>	
Enter Grand Total of Expenditures o	n Page 1, Report C	over Page, Item D.				\$ \$	AGE TOTAL 0.00)
					<i>Y</i>			

