

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2004106		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: SONNEY, CURT COM TO ELECT											
Street Address: 7783 EAST LAKE RD											
City: ERIE			State: PA		Zip Code: 16511-0000						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
				MO	DAY	YEAR	REP 25				
				11	3	2015	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	5	2015		6	8	2015			
A. Amount Brought Forward From Last Report				\$		28,163.52					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,950.00					
C. Total Funds Available (Sum Of Lines A and B)				\$		32,113.52					
D. Total Expenditures (From Schedule III)				\$		2,174.64					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		29,938.88					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00					

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

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

I swear (or affirm) that to the best of my knowledge and belief this political committee has 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SONNEY, CURT COM TO ELECT	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

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)	\$ 100.00
All Other Contributions (Part B)	\$ 850.00
TOTAL for the Reporting Period (2)	\$ 950.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,950.00
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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
SONNEY, CURT COM TO ELECT	From: <u>5/5/2015</u> To: <u>6/8/2015</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	AMOUNT
HUMANE PA				
Mailing Address PO BOX 0352				\$ 100.00
City RED LION State PA Zip Code (Plus 4) 17356-0352	6	1	2015	

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

PAGE TOTAL
\$ 100.00

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 Candidate SONNEY, CURT COM TO ELECT	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Richard E Ferretti						
Mailing Address 4329 Harvard Rd.						\$ 150.00
City Erie	State PA	Zip Code (Plus 4) 16509	5	7	2015	
Paul Hakel						
Mailing Address 225 Edgewater Circle						\$ 200.00
City Erie	State PA	Zip Code (Plus 4) 16509	5	8	2015	
Mary L. Eckert						
Mailing Address 5403 Pepperwood Cir.						\$ 250.00
City Eire	State PA	Zip Code (Plus 4) 16506	5	9	2015	
Richard P. Olinger						
Mailing Address 8215 Platz Rd.						\$ 250.00
City Fairview	State PA	Zip Code (Plus 4) 16415	5	9	2015	

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

PAGE TOTAL
\$ 850.00

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 SONNEY, CURT COM TO ELECT	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
PUGLIESE PAC	2205 STRAWBERRY SQUARE	HARRISBURG	5	6	2015	\$ 500.00
	State PA	Zip Code (Plus 4) 17101-0000				
Z PAC (PA ANESTHESIOLOGISTS PAC)	50 S. Providence Rd	Media	5	5	2015	\$ 300.00
	State PA	Zip Code (Plus 4) 19063				
VERIZON GOOD GOVT CLUB OF PA	303 WALNUT ST 12TH FL	HARRISBURG	5	12	2015	\$ 300.00
	State PA	Zip Code (Plus 4) 171011824				
Insurance Agents and Brokers Of Pa.	5050 Ritter Road	Mechanicsburg	5	7	2015	\$ 300.00
	State PA	Zip Code (Plus 4) 17005				
ARENT FOX LLP	1717 K Street	Washington	5	8	2015	\$ 500.00
	State PA	Zip Code (Plus 4) 20006-5344				

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
WINE & SPIRITS BROKERS ASSOC OF PA			5	11	2015		300.00
Mailing Address 204 STATE ST							
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000					

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
PENNSLVANIA WINERY ASSOCIATIONS PAC			5	7	2015		300.00
Mailing Address 411 Walnut St							
City Harrisburg	State PA	Zip Code (Plus 4) 17101					

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

PAGE TOTAL	
\$	2,500.00

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 SONNEY, CURT COM TO ELECT	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Harry E Brown					
Mailing Address 5120 Dixson Dr.				\$	500.00
City Erie State PA Zip Code (Plus 4) 16509	5	6	2015		
Employer Name LECOM	Occupation Associate				
Employer Mailing Address/Principal Place of Business 1858 W. Grandview Blvd	City Erie		State PA	Zip Code (Plus 4) 16509	

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

PAGE TOTAL
\$ 500.00

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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 SONNEY, CURT COM TO ELECT	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
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, Reports Cover Page, Item F.)	\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description 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 SONNEY, CURT COM TO ELECT	Reporting Period From <u>5/5/2015</u> To: <u>6/8/2015</u>
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			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	
Stock's on Second						
Mailing Address 211 N. 2nd St.			5	12	2015	\$ 449.50
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Fundraiser Breakfast			
To Whom Paid DWK Consulting Inc						
Mailing Address 430 Franklin Church Rd.			5	12	2015	\$ 1,175.14
City dillsburg	State PA	Zip Code (Plus 4) 17019	Description of Expenditure Consultant			
To Whom Paid HRCC						
Mailing Address 500 N. 3rd St.Fl 3A			6	1	2015	\$ 550.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Donation			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,174.64

