# **Campaign Finance Report**

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

Filer Identificat Number :	ion 20	Report Filed B		CANDI	DATE	CON	IMITTEE	✓	LOBE	BYIST				
Name of Filing	Committee, Can	didate or L	obbyist:			-	RT COM 1	TO ELEC	 .T					
Street Address:	7783 EAST	LAKE RD												
City:	ERIE						State:	PA		Zip Co	<b>de:</b> 16	511-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE-	- 2.	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		- 5.	30 DA		POST-	6.	TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	<b>Year</b> 2015	5			NG METHO			PAPER		$\checkmark$	DISKE	TTE
Name of Office	⊥ Sought by Candi	date:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR			REP		25
							11		3 201	5	(SEE INS	STRUCTIO	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	s from:		6	9 20	015 <b>T</b>	0	12	3	1 201	5				
A. Amount Bro	ought Forward F	rom Last F	Report			\$			29,938.8	8				
B. Total Monet	ary Contribution	ns And Red	ceipts (Fro	m Schee	dule I)	\$			5,450.0	D				
C. Total Funds	Available (Sum	Of Lines A	A and B)			\$			35,388.8	8				
D. Total Expen	ditures (From S	chedule I	II)			\$			428.2	5				
E. Ending Cash	n Balance (Subtr	act Line D	From Line	e C)		\$			34,960.63	3				
F. Value Of In-	Kind Contributi	ons Receiv	ved (From S	Schedul	le II)	\$			0.00	)				
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule I	<b>V)</b>		\$		0.00						
				AFF	IDAVI	Γ SE	CTION							
PART I - If this i		• •	-					• •		-				
I swear (or affirm correct and compl	) that this report, lete.	including th	e attached s	chedules	s filed on	paper	or by elect	ronic me	dium, are to	o the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me day of	this	20						Signatu	re of Perso	on Submitt	ing Rep	oort	
	Sign	ature				_				Prir	nted Name			
My Commission E	xpires					-				Ema	ail			
	мо	D	ΑΥ	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is I swear (or affirm No 320) as amend	) that to the best (							-		isions of th	ie act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me t day of	his	20							Signature	of Candida	ite		
						-				Print	ed Name			
My Commission Exp	Signatu pires	re				-				Ema	ail			
	мо	D	AY	YR				Area C	ode	D	aytime Te	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SONNEY, CURT COM TO ELECT From: <u>6/9/2015</u> **To:** 12/31/2015 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) \$ 250.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 250.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 4,900.00 300.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 5,200.00 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 5,450.00 \$ 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	Candidate		Reporting Period					
SONNEY, CURT COM TO ELECT				<u>6/9/20</u>	:	<u>12/31/2015</u>		
		÷		DATE			AMOUNT	
Full Name of Contributing Comr PA PT PAC	nittee		мо	DAY	YEAR			
Mailing Address 4028 WA	TTERS LN		_			\$	250.00	
City GIBSONIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15044	7	9	2015			
						Г	PAGE TOTAL	

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

250.00

\$

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 Reporting Period From: 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. \$ 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>6/</u>	<u>9/2015</u>	То:	<u>12/31/2015</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee GENERAL ELECTRIC CO PAC				мо	DAY	YEAR	
Mailing Address 1299 PENNA AVE NW	/ STE 900						<b>\$</b> 500.00
City WASHINGTON	State         Zip Code (Plus 4)           DC         20004-0000			7	9	2015	
Full Name of Contributing Committee NFG PAPAC (NATIONAL FUEL GAS)					DAY	YEAR	
Mailing Address 1100 State St.	<b>State</b> PA	<b>Zip Code</b> 16501	e (Plus 4)	7	9	2015	\$ 500.00
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF	PA PAC(HAPAC)			мо	DAY	YEAR	
Mailing Address P. O. BOX 8600 City HARRISBURG	State	Zip Code	e (Plus 4)	7	9	2015	<b>\$</b> 300.00
	PA	17105-8	3600				
Full Name of Contributing Committee FIRSTENERGY PAC				мо	DAY	YEAR	
Mailing Address 76 S MAIN ST City AKRON	State OH	<b>Zip Code</b> 443080	e (Plus 4) 000	7	9	2015	\$ 300.00
Full Name of Contributing Committee Pennsylvania Optometric PAC				мо	DAY	YEAR	
Mailing Address 218 North St.	<b>State</b> PA	Zip Code	e (Plus 4)	7	9	2015	\$ 300.00

Full Name of Contributing Committee PREA ACRE PAC		мо	DAY	YEAR		
Mailing Address P. O. BOX 1266						<b>\$</b> 300.00
City Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	7	9	2015	
Full Name of Contributing Committee GGR INC PAC (GMEREK GOV RELATION	NS)	·	мо	DAY	YEAR	
Mailing Address 212 LOCUST STREE	r, SUITE 300					<b>\$</b> 300.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	7 9		2015	
Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IBC	мо	DAY	YEAR			
Mailing Address 1901 MARKET ST						<b>\$</b> 300.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191031480	7	9	2015	
Full Name of Contributing Committee       CAPITAL BLUE PAC						
	·	1	мо	DAY	YEAR	
	·		мо	DAY	YEAR	<b>\$</b> 300.00
CAPITAL BLUE PAC	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17106-0710	<b>МО</b> 7	<b>DAY</b> 9	<b>YEAR</b> 2015	\$ 300.00
CAPITAL BLUE PAC Mailing Address PO BOX 60710						\$ 300.00
CAPITAL BLUE PAC Mailing Address PO BOX 60710 City HARRISBURG Full Name of Contributing Committee			7	9	2015	\$ 300.00 \$ 300.00
CAPITAL BLUE PAC Mailing Address PO BOX 60710 City HARRISBURG Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address			7	9	2015	
CAPITAL BLUE PAC Mailing Address PO BOX 60710 City HARRISBURG Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST	PA State PA	17106-0710	7 MO	9 DAY	2015 YEAR	
CAPITAL BLUE PAC Mailing Address PO BOX 60710 City HARRISBURG Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST City CAMP HILL Full Name of Contributing Committee	PA State PA	17106-0710	7 MO 7	9 DAY 9	2015 <b>YEAR</b> 2015	

Full Name of Contributing Commi PENNSYLVANIA BEER ALLIANCE		ER-PBWA)	мо	DAY	YEAR			
Mailing Address 411 WALNUT	ST					\$	300.00	
City HARRISBURG	State	Zip Code (Plus 4)	7	9	2015			
	PA	17101-1904						
Full Name of Contributing Commi PA MEDICAL PAC (PAM PAC)	ittee		мо	DAY	YEAR			
Mailing Address P.O. BOX 882				\$	300.00			
City HARRISBURG	State	Zip Code (Plus 4)	7	9	2015			
	PA	171050000						
Full Name of Contributing Commi Certified Public Accountants PAC	мо	DAY	YEAR					
Mailing Address 500 North 3rd	d St. Suite 600A					\$	300.00	
City Harrisburg	State	Zip Code (Plus 4)	7	9	2015			
Harrisburg	PA	17101						
Full Name of Contributing Commi The Pennsylvania Insurance PAC		<b>t</b>	мо	DAY	YEAR			
Mailing Address 1600 Market	St. STE 1720					\$	300.00	
City Philadelphia	State	Zip Code (Plus 4)	7	9	2015			
·	PA	19103						
	·					-	PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	4,900.00	

## 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			Repo	orting Pe	riod		
SONNEY, CURT COM TO ELECT			Fron	n:	<u>6/9/2</u>	<u>015</u> То	<b>:</b> <u>12/31/2015</u>
				DA	TE		AMOUNT
Full Name of Contributor Mark Gusek				мо	DAY	YEAR	
Mailing 5717 Clinton St Address						2015	\$ 300.00
City <sub>Erie</sub>	<b>State</b> PA	Zip Code (Plus	4)	7	9	2015	
Employer Name LIFE Northwestern Pa			Occupation CEO				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
149 West 22nd St.			PA		16502		
Enter Grand Total of Part C on Sche	Sectio	on 3.		Γ	PAGE TOTAL		
	-						\$ 300.00

## 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		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description									
Enter Grand Total of Part E c	n Schodulo I. Dotailog		Section	4				PAGE TOT	AL
	in Schedule I, Detailed	i Summaly Paye,	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>6/9/2015</u> <b>То:</b>	<u>12/31/2015</u>					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	riod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)							
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			Reportin	g Period					
			From:			То:			
				DATE		ΑΜΟυΙ	NT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	Mailing Address					\$	0.00		
City	State	Zip Code (Plus 4)	'						
Description of Contribution:	Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE T	OTAL		
					4	5	0.00		

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

Name of Filing Committee or Candidate	1				Re	porting P	Period			
					Fro	om:		To:		
							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	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ions De	etaile	ed				<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period				
SONNEY, CURT C	COM TO ELECT			From	<u>6/'</u>	<u>9/2015</u>	То:	<u>12/31/2015</u>	
					DATE			AMOUNT	
To Whom Paid PNC Bank				мо	DAY	YEAR			
Mailing Address	4488 Buffalo Rd.			12	3	2015	\$	46.30	
City Erie		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16510		Description of Expenditure checks				
To Whom Paid ECRC				мо	DAY	YEAR			
Mailing Address     PO Box 1144       City     Eric     State     Zip Code (Plus 4)					26	2015	\$	50.00	
City Erie			Description of Expenditure Donation						
To Whom Paid The Journal				мо	DAY	YEAR			
Mailing Address	28 South St.			9	16	2015	\$	80.00	
City Corry		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16407	Description of Expenditure Advertisement					
To Whom Paid Sams Club				мо	DAY	YEAR			
Mailing Address	7200 Peach St.			9	25	2015	\$	142.20	
City Erie	CityStateZip Code (Plus 4)PA16509				otion of Exp Candy	penditure			
<b>To Whom Paid</b> Sue's Notary				мо	DAY	YEAR			
Mailing Address 1353 W. 38th St.			7	10	2015	\$	13.00		
City Erie			Description of Expenditure Notary						

To Whom Paid Post Master			мо	DAY	YEAR		
Mailing Address 7175 Buffalo Rd.			7	10	2015	\$	5.75
City Harborcreek State Zip Code (Plus 4)			Description of Expenditure				
	РА	16421	Postage				
To Whom Paid			мо	DAY	YEAR		
PNC Bank							
Mailing Address 4488 Buffalo RIs			7	1	2015	\$	81.00
City Erie State Zip Code (Plus 4) Descript				otion of Expenditure			
	РА	16510	Service Charge				
To Whom Paid			мо	DAY	YEAR		
Harold H. Hinkler							
Mailing Address 7 Grahamville St.			6	19	2015	\$	10.00
City North East	State	Zip Code (Plus 4)	Description of Expenditure				
PA 16428 Notary							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	428.25