

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2004106		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> SONNEY, CURT COM TO ELECT												
<b>Street Address:</b> 7783 EAST LAKE RD												
<b>City:</b> ERIE						<b>State:</b> PA			<b>Zip Code:</b> 16511-0000			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2016	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	4	STH	REP	25
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		4	12	2016		5	16	2016				
<b>A. Amount Brought Forward From Last Report</b>						\$ 33,859.64						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 4,250.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 38,109.64						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 577.23						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 37,532.41						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SONNEY, CURT COM TO ELECT	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 3,650.00
<b>All Other Contributions (Part D)</b>	\$ 600.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 4,250.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 4,250.00
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<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>	
\$	0.00

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

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

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

<b>PAGE TOTAL</b>	
\$	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.**

<b>Name of Filing Committee or Candidate</b>  SONNEY, CURT COM TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>4/12/2016</u> <b>To:</b> <u>5/16/2016</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee PA SOCIETY OF PHYSICIAN ASSISTANTS				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 N 3RD ST STE 1500				4	14	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011501					
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 N THIRD ST STE 1500				4	14	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000					
Full Name of Contributing Committee PA TRUCK PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 910 LINDA LANE				4	14	2016	
City CAMP HILL	State PA	Zip Code (Plus 4) 170116409					
Full Name of Contributing Committee NFG PAPAC (NATIONAL FUEL GAS)				MO	DAY	YEAR	\$ 300.00
Mailing Address 1100 State St.				4	18	2016	
City ERIE	State PA	Zip Code (Plus 4) 16501					
Full Name of Contributing Committee FIRSTENERGY PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 76 S MAIN ST				4	18	2016	
City AKRON	State OH	Zip Code (Plus 4) 443080000					
Full Name of Contributing Committee SRW & A PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 200 S BROAD ST STE 850				4	18	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191020000					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 300.00
PA MEDICAL PAC (PAM PAC)			4	18	2016	
Mailing Address	P.O. BOX 8820					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	171050000	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 300.00
HIGHMARK PAC OF HIGHMARK INC			4	18	2016	
Mailing Address	1800 CENTER ST					
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17089-0000	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 300.00
Pennsylvania Coalition of Nurse Practitioners PAC			4	18	2016	
Mailing Address	2400 Ardmore Blvd. Suite 302					
City	Pittsburgh	State	PA	Zip Code (Plus 4)	15221	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 350.00
PUGLIESE PAC			4	18	2016	
Mailing Address	2205 STRAWBERRY SQUARE					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101-0000	

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

<b>PAGE TOTAL</b>	
\$	3,650.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  SONNEY, CURT COM TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>4/12/2016</u> <b>To:</b> <u>5/16/2016</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> TAYLOR, ROBERT S. (LOB)				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> PO BOX 220				4	18	2016	
<b>City</b> SOLEBURY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189630000					
<b>Employer Name</b> Robert S Taylor				<b>Occupation</b> attorney			
<b>Employer Mailing Address/Principal Place of Business</b> P O BOX 220			<b>City</b> Solebury		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18963	
<b>Full Name of Contributor</b> John J Barber				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 4305 Trone Ave.				4	18	2016	
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506					
<b>Employer Name</b> Barber National Institute				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 100 Barber Place			<b>City</b> Erie		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16507	

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

<b>PAGE TOTAL</b>  \$ 600.00
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## 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

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

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
SONNEY, CURT COM TO ELECT		From: <u>4/12/2016</u> To: <u>5/16/2016</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 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	\$ 0.00
Mailing Address							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SONNEY, CURT COM TO ELECT	From <u>4/12/2016</u> To: <u>5/16/2016</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Harold H. Hinkler				
<b>Mailing Address</b> 7 Grahamville St.	4	15	2016	\$ 5.00
<b>City</b> North East	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16428	<b>Description of Expenditure</b> Notary	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Wal Mart				
<b>Mailing Address</b> 5741 Buffalo Rd.	4	18	2016	\$ 32.83
<b>City</b> Harborcreek	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16421	<b>Description of Expenditure</b> office supplies	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Harold H. Hinkler				
<b>Mailing Address</b> 7 Grahamville St.	4	20	2016	\$ 10.00
<b>City</b> North East	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16428	<b>Description of Expenditure</b> Notary	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Post Master				
<b>Mailing Address</b> 7175 Buffalo Rd.	4	22	2016	\$ 22.95
<b>City</b> Harborcreek	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16421	<b>Description of Expenditure</b> Postage	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Post Master				
<b>Mailing Address</b> 7175 Buffalo Rd.	4	15	2016	\$ 6.45
<b>City</b> Harborcreek	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16421	<b>Description of Expenditure</b> Notary	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ECRC				
<b>Mailing Address</b> P O BOX 1144	4	22	2016	\$ 500.00
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16512	<b>Description of Expenditure</b> Donation	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b>
				\$ 577.23

