

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	✓	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. X	AMENDMENT REPORT?	Yes No ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes No ✓
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE		PAPER		✓ DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	4	STH
				11	8	2016		REP
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		4	12	2016	5		16 2016	
A. Amount Brought Forward From Last Report				\$ 33,859.64				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 4,250.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 38,109.64				
D. Total Expenditures (From Schedule III)				\$ 577.23				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 37,532.41				
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 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

Name of Filing Committee or Candidate	Reporting Period
SONNEY, CURT COM TO ELECT	From: <u>4/12/2016</u> To: <u>5/16/2016</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)	\$ 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)	\$ 3,650.00
All Other Contributions (Part D)	\$ 600.00
TOTAL for the Reporting Period (3)	\$ 4,250.00

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.)	\$ 4,250.00
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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
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			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.

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
SONNEY, CURT COM TO ELECT	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

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

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

PAGE TOTAL
\$ 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.)**

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

Full Name of Contributor				MO	DAY	YEAR	
John J Barber							
Mailing Address 4305 Trone Ave.				4	18	2016	\$ 300.00
City Erie	State PA	Zip Code (Plus 4) 16506					
Employer Name Barber National Institute				Occupation CEO			
Employer Mailing Address/Principal Place of Business 100 Barber Place			City Erie		State PA	Zip Code (Plus 4) 16507	

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

PAGE TOTAL
\$ 600.00

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:
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			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.

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		Reporting Period	
SONNEY, CURT COM TO ELECT		From: <u>4/12/2016</u> To: <u>5/16/2016</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 RECIEVED - 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:
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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.						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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

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

DATE				AMOUNT		
To Whom Paid Harold H. Hinkler			MO	DAY	YEAR	\$ 5.00
Mailing Address 7 Grahamville St.			4	15	2016	
City North East	State PA	Zip Code (Plus 4) 16428	Description of Expenditure Notary			
To Whom Paid Wal Mart			MO	DAY	YEAR	\$ 32.83
Mailing Address 5741 Buffalo Rd.			4	18	2016	
City Harborcreek	State PA	Zip Code (Plus 4) 16421	Description of Expenditure office supplies			
To Whom Paid Harold H. Hinkler			MO	DAY	YEAR	\$ 10.00
Mailing Address 7 Grahamville St.			4	20	2016	
City North East	State PA	Zip Code (Plus 4) 16428	Description of Expenditure Notary			
To Whom Paid Post Master			MO	DAY	YEAR	\$ 22.95
Mailing Address 7175 Buffalo Rd.			4	22	2016	
City Harborcreek	State PA	Zip Code (Plus 4) 16421	Description of Expenditure Postage			
To Whom Paid Post Master			MO	DAY	YEAR	\$ 6.45
Mailing Address 7175 Buffalo Rd.			4	15	2016	
City Harborcreek	State PA	Zip Code (Plus 4) 16421	Description of Expenditure Notary			

To Whom Paid ECRC			MO	DAY	YEAR	
Mailing Address P O BOX 1144			4	22	2016	
City Erie	State PA	Zip Code (Plus 4) 16512	Description of Expenditure Donation			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 577.23

