

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 | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. | Year 2016 | 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 |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | MO | DAY | YEAR | 4 | STH | REP | 25 |
| | | | | 11 | 8 | 2016 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | 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

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>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 |
|---|-------------|

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: |
| DATE AMOUNT | |

| Full Name of Contributing Committee | MO | DAY | YEAR | |
|-------------------------------------|--------------|--------------------------|------|---------|
| Mailing Address | | | | \$ 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 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 | 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 SONNEY, CURT COM TO ELECT | Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u> |
|---|--|

| | | | DATE | AMOUNT |
|---|----|-----|------|-----------|
| Full Name of Contributing Committee | MO | DAY | YEAR | |
| PUGLIESE PAC | | | | |
| Mailing Address 2205 STRAWBERRY SQUARE | | | | \$ 350.00 |
| City HARRISBURG | 4 | 18 | 2016 | |
| State PA | | | | |
| Zip Code (Plus 4) 17101-0000 | | | | |
| Pennsylvania Coalition of Nurse Practitioners PAC | | | | |
| Mailing Address 2400 Ardmore Blvd. Suite 302 | | | | \$ 300.00 |
| City Pittsburgh | 4 | 18 | 2016 | |
| State PA | | | | |
| Zip Code (Plus 4) 15221 | | | | |
| HIGHMARK PAC OF HIGHMARK INC | | | | |
| Mailing Address 1800 CENTER ST | | | | \$ 300.00 |
| City CAMP HILL | 4 | 18 | 2016 | |
| State PA | | | | |
| Zip Code (Plus 4) 17089-0000 | | | | |
| PA MEDICAL PAC (PAM PAC) | | | | |
| Mailing Address P.O. BOX 8820 | | | | \$ 300.00 |
| City HARRISBURG | 4 | 18 | 2016 | |
| State PA | | | | |
| Zip Code (Plus 4) 171050000 | | | | |
| SRW & A PAC | | | | |
| Mailing Address 200 S BROAD ST STE 850 | | | | \$ 300.00 |
| City PHILADELPHIA | 4 | 18 | 2016 | |
| 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> |
|---|--|

| | | | | DATE | AMOUNT |
|---|--------------------------------|-----|-----------------|--------------------------------|--------|
| Full Name of Contributor | MO | DAY | YEAR | | |
| John J Barber | | | | | |
| Mailing Address 4305 Trone Ave. | | | | \$ 300.00 | |
| City Erie | 4 | 18 | 2016 | | |
| 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 | |

| Full Name of Contributor | MO | DAY | YEAR | | |
|--|------------------------------------|-----|-----------------|--------------------------------|--|
| TAYLOR, ROBERT S. (LOB) | | | | | |
| Mailing Address PO BOX 220 | | | | \$ 300.00 | |
| City SOLEBURY | 4 | 18 | 2016 | | |
| 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 | |

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: _____ |

| | | | 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>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 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 | \$ 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 | MO | DAY | YEAR | |
| Harold H. Hinkler | 4 | 15 | 2016 | \$ 5.00 |
| Mailing Address 7 Grahamville St. | | | | |
| City North East | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 16428 | | | | |
| Description of Expenditure Notary | | | | |
| To Whom Paid Wal Mart | 4 | 18 | 2016 | \$ 32.83 |
| Mailing Address 5741 Buffalo Rd. | | | | |
| City Harborcreek | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 16421 | | | | |
| Description of Expenditure office supplies | | | | |
| To Whom Paid Harold H. Hinkler | 4 | 20 | 2016 | \$ 10.00 |
| Mailing Address 7 Grahamville St. | | | | |
| City North East | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 16428 | | | | |
| Description of Expenditure Notary | | | | |
| To Whom Paid Post Master | 4 | 22 | 2016 | \$ 22.95 |
| Mailing Address 7175 Buffalo Rd. | | | | |
| City Harborcreek | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 16421 | | | | |
| Description of Expenditure Postage | | | | |
| To Whom Paid Post Master | 4 | 15 | 2016 | \$ 6.45 |
| Mailing Address 7175 Buffalo Rd. | | | | |
| 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 | \$ 500.00 |
| 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 |

