# **Campaign Finance Report**

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

Eiler Identifiert		1100			Report		CANDI	DATE	СС	MMITTEE		LOBI	BYIST		
Filer Identificat	2004	4106			Filed B	y :					▼				
Name of Filing	Committee, Candio	late or L	obbyist:		SONNEY	, CU	RT COM 1	TO ELEC	CT						
Street Address:															
City:	ERIE						State:	PA		Zip Co	<b>de:</b> 16	511-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE		30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE		30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2017				NG METHO CHECK O			PAPER		$\checkmark$	DISKE	TTE	
Name of Office Sought by Candidate: DATE OF ELECT					TION	District Number		Par	ty Code	County Code					
						мо	DAY	YEAR	Tunber		REP	,	coue		
	11 7 2017					17	(SEE INS	STRUCTI	ONS FOR	CODES)					
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY		
Expenditure	s from:		1 1	. 2	017 <b>T</b>	0	10	2	3 20	17					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$		7	31,303.	26					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$		1,000.00							
C. Total Funds Available (Sum Of Lines A and B)						\$			32,303.	26					
D. Total Expenditures (From Schedule III)						\$			3,140.0	00					
E. Ending Cas	h Balance (Subtrac	t Line D	From Line	C)		\$			29,163.2	26					
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$			0.0	00					
G. Unpaid Deb	ots And Obligations	6 (From S	Schedule I\	/)		\$			0.0	00					
				AFF	IDAVIT	SE	CTION								
PART I - If this	is a Committee rep	oort, trea	surer sign	here.	If this is	a Cai	ndidate re	eport, ca	andidate	sign here.					
I swear (or affirn correct and comp	1) that this report, ind lete.	luding the	e attached so	hedule	s filed on p	aper	or by elect	ronic me	dium, are	to the best o	of my knov	vledge	and beli	ef , true	
Sworn to and sub	scribed before me thi day of	S	20						Signat	ture of Perso	on Submitt	ing Rep	oort		
						-				Prii	nted Name				
My Commission I	Signatı Expires	ne								Ema	ail				
	мо	D	AY	YR		-		Are	a Code	Daytir	ne Teleph	one Nu	mber		
Part II- If this is	s a report of a can	didate's	authorized	l Comn	nittee, Ca	ndid	ate shall	sign he	re.						
I swear (or affirm No 320) as ameno	) that to the best of led.	my knowl	edge and bel	ief this	political o	comm	iittee has n	ot violat	ed any pro	visions of th	ne act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this day of		20							Signature	of Candida	ite			
						•				Print	ed Name				
	Signature					•				Ema	ail				
My Commission Ex	pires									EM					
MO DAY YR Area Code Daytime Telephone Nu								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>1/1/2017</u> **To:** 10/23/2017 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) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 1,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 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 \$ 1,000.00 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					
				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	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 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			D:			
					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									

### PAGE 5

## 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 Re			Reporting Period						
SONNEY, CURT COM TO ELECT From:			<u>1/1/2017</u>		То:	<u>10</u>	) <u>/23/2017</u>		
				DATE			AMOUNT		
Full N	lame of Contributing Committee				мо	DAY	YEAR		
ERIE INSURANCE PAC								\$	1,000.00
Maili	ng Address				7	6	2017		,
City	ERIE	State	Zip Cod	e (Plus 4)	,	Ű	2017		
		РА	16530-	0000					
_									PAGE TOTAL
Enter	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	1,000.00

## 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 Rep				porting Period					
From:				m: To:			):		
				DATE AMOUNT				IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						PAGE TOTAL   \$ 0.00			

### 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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description									
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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	<b>Reporting Period</b>									
SONNEY, CURT COM TO ELECT	From:	<u>1/1/2017</u> <b>To:</b>	<u>10/23/2017</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	TF)									
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			Reporting	Period								
			From:				То:					
				DATE			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR							
Mailing Address	-	_				<b>\$</b>	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, PAGE TOTAL Section 2.												
						\$	0.00					

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

Name of Filing Committee or Candidate				Reporting Period				
				From:				
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address			-				\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor				Occupa	ation			
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	Reporting Period							
SONNEY, CURT COM TO ELECT			From	<u>1/</u>	<u>1/2017</u>	То:	<u>10/23/2017</u>				
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Sue's Notory											
Mailing Address			1	18	2017	\$	15.00				
City Erie	State	Zip Code (Plus 4	) Descrip	Description of Expenditure							
	PA	16508	Notory	Notory							
To Whom Paid			мо	DAY	YEAR						
HRCC			Ho								
Mailing Address				23	2017	\$	775.00				
City Harrisburg	State	Zip Code (Plus 4	) Descrip	tion of Exp	enditure						
	PA	17101	Donatio	on							
To Whom Paid			мо	DAY	YEAR						
HRCC			MO								
Mailing Address				6	2017	\$	600.00				
City Harrisburg	State	Zip Code (Plus 4	) Descrip	tion of Exp	enditure	•					
	PA	17101	Donatio	on							
To Whom Paid			мо	DAY	YEAR						
HRCC			МО								
Mailing Address			5	6	2017	\$	650.00				
City Harrisburg	State	Zip Code (Plus 4	) Descrip	Description of Expenditure							
	PA	17101	Donatio	Donation							
To Whom Paid			мо	DAY	YEAR						
Friends of Donna Oberlander			мо								
Mailing Address			5	6	2017	\$	100.00				
City Clarion	State	Zip Code (Plus 4	) Descrip	tion of Exp	enditure						
	PA	16214	Donatio	on							
To Whom Paid			мо	DAY	YEAR						
Friends For John Persinger			мо								
Mailing Address			10	8	2017	\$	1,000.00				
City Erie State Zip Code (Plus 4)			) Descrip	tion of Exp	enditure	•					
PA 16512			Donatio	Donation							
							PAGE TOTAL				
Enter Grand Total of Expenditur	es on Page 1, l	keport Cover Page, Iten	ט ו.			\$	3,140.00				

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