

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. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5.X | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. | Year 2017 | 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 | |
| | | | | MO | DAY | YEAR | REP | | | |
| | | | | 11 | 7 | 2017 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 1 | 1 | 2017 | TO | 10 | 23 | 2017 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 31,303.26 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 1,000.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 32,303.26 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 3,140.00 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | 29,163.26 | | | | |
| 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>1/1/2017</u> To: <u>10/23/2017</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) | \$ 1,000.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 1,000.00 |

| | |
|--|---------|
| 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.) | \$ 1,000.00 |
|---|-------------|

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>1/1/2017</u> To: <u>10/23/2017</u> |
|---|--|

| | DATE | | | AMOUNT |
|---|------|-----|------|-------------|
| Full Name of Contributing Committee | MO | DAY | YEAR | |
| ERIE INSURANCE PAC | | | | |
| Mailing Address 100 ERIE INSURANCE PLAZA | | | | \$ 1,000.00 |
| City ERIE | 7 | 6 | 2017 | |
| State PA | | | | |
| Zip Code (Plus 4) 16530-0000 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 | Reporting Period |
| | From: _____ To: _____ |

| | DATE | | | AMOUNT |
|---|-------------------|--------------------------|--------------------------|---------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code (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: _____ 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>1/1/2017</u> To: <u>10/23/2017</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 | | |
| Mailing Address | | | | \$ | 0.00 |
| 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 SONNEY, CURT COM TO ELECT | Reporting Period From <u>1/1/2017</u> To: <u>10/23/2017</u> |
|---|---|

| | | | | DATE | AMOUNT |
|--|-----------------|--------------------------------|------|---|--------|
| To Whom Paid | MO | DAY | YEAR | | |
| Sue's Notory | 1 | 18 | 2017 | \$ | 15.00 |
| Mailing Address 1353 W. 38th St. | | | | | |
| City Erie | State PA | Zip Code (Plus 4) 16508 | | Description of Expenditure Notory | |
| To Whom Paid HRCC | 1 | 23 | 2017 | \$ | 775.00 |
| Mailing Address 500 w. 3rd St. | | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | | Description of Expenditure Donation | |
| To Whom Paid HRCC | 5 | 6 | 2017 | \$ | 600.00 |
| Mailing Address 500 W. 3rd St | | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | | Description of Expenditure Donation | |
| To Whom Paid HRCC | 5 | 6 | 2017 | \$ | 650.00 |
| Mailing Address 500 W. 3rd St | | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | | Description of Expenditure Donation | |
| To Whom Paid Friends of Donna Oberlander | 5 | 6 | 2017 | \$ | 100.00 |
| Mailing Address 44 W. Main St. | | | | | |
| City Clarion | State PA | Zip Code (Plus 4) 16214 | | Description of Expenditure Donation | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|----------------------------------|
| To Whom Paid Friends For John Persinger | | | MO | DAY | YEAR | |
| Mailing Address P.O. Box 1981 | | | 10 | 8 | 2017 | \$ 1,000.00 |
| 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 \$ 3,140.00 |

