Campaign Finance Report

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

				-			CANDI	DATE						BYIST	
Filer Identificati Number :	on 20	04106			Repor Filed		CANDI	DATE		СОММ	IITTEE	✓	LUBI	51151	
Name of Filing C	Committee, Cand	lidate or L	obbyist:		SONNE	Y, CUI	RT COM 1		СТ						
Street Address:	7783 EAST	LAKE RD													
City:	ERIE						State:	PA			Zip Co	de: 16	511-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					AY F ARY	POST- 3. X			AMENDN REPORT		Yes	Nc	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST-	6.		TERMIN REPORT		Yes	Nc	\checkmark
report type)	ANNUAL REPOR	RT 7.	Year 201	8			NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							DATE O				District Number			-	County Code
REPRESENTATI	VE IN THE GEN	ERAL ASS	SEMBLY				мо	DAY	YEA	AR	4	STH	REP		25
							11		6	2018		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE/	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:		5	1 2	018	ГО	6		4	2018					
A. Amount Bro	ught Forward Fi	rom Last R	leport			\$			23,42	28.38					
B. Total Monet	ary Contribution	is And Red	ceipts (Fro	m Sche	dule I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			23,42	28.38					
D. Total Expen	ditures (From S	chedule II	11)			\$			1,44	1.70					
E. Ending Cash	Balance (Subtr	act Line D	From Line	e C)		\$			21,98	6.68					
F. Value Of In-	Kind Contributio	ons Receiv	ed (From	Schedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligatio	ns (From	Schedule I	V)		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this is															
I swear (or affirm) correct and comple		ncluding th	e attached s	chedules	s filed on	paper	or by elect	ronic me	dium, a	are to t	he best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me t day of	:his	20						Sig	gnature	of Perso	n Submitt	ing Rep	ort	
	Signa	ature				_					Prin	ted Name			
My Commission Ex	-	iture									Ema	il			
	мо	D	AY	YR				Are	a Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorize	d Comn	nittee, (Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and be	elief this	political	comm	ittee has n	ot violat	ed any	provisi	ons of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me th day of	nis	20							Si	gnature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signatu	re				_					Ema	il			
, commission Exp						_									
	мо	D	AY	YR	L			Area (Code		D	aytime Te	elephon	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>5/1/2018</u> **To:** 6/4/2018 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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					
Fro			From:	1		То	:	
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			•)					
							Γ	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 Candidat	e		Rep	orting P	eriod			
From: To:):		
					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 S	Schedule I, Detai	led Summary Pag	je, Se	ection 2	2.		\$	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					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate			ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillillai y Page,	Section				\$		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>5/1/2018</u> то:	<u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
Full Name of Contributor			мо	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Rej	porting P	eriod				
					Fro	From: To:				
					DATE					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description			ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	ndidate		Reporti	ng Period			
SONNEY, CURT COM TO ELECT			From	<u>5/</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>
				DATE			AMOUNT
To Whom Paid Sue's Notary				DAY	YEAR		
Mailing Address 1353 W. 38th St.			5	8	2018	\$	17.00
CityStateZip Code (Plus 4)PA16508				otion of Exp	penditure		
To Whom Paid Post Master			мо	DAY	YEAR		
Mailing Address 7175 Buffalo	Rd.		5	10	2018	\$	24.70
City Harborcreek	State PA	Zip Code (Plus 4) 16421	Descrip postage	otion of Ex e	penditure		
To Whom Paid HRCC			мо	DAY	YEAR		
Mailing Address 500 North 3rd	d St. ST#4		6	4	2018	\$	1,400.00
CityHarrisburgStateZip Code (Plus 4)PA17101			Descrip Donatio	otion of Exp	penditure	1	
Enter Grand Total of Expendit	tures on Page 1 Re	nort Cover Page Item [<u> </u>				PAGE TOTAL
	tures on ruge 1, ke	port cover rage, riem r				\$	1,441.70