Campaign Finance Report

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

Filer Identificati Number :	on 200	4106			Repo			ANDI	DATE		COM	AITTEE	V	LUB	51151	
Name of Filing C	ommittee, Candi	date or L	obbyist:		SONNE	Y, Cl	JRT (сом т	O ELE	СТ	•					
Street Address:																
City:	ERIE						Sta	te:	PA			Zip Co	de: 16	5511-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 E PRIN	OAY MARY	F	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X		AY CTION		POST-	6.		TERMINA REPORT		Yes	No	√
report type)	ANNUAL REPORT	7.	Year 2018					CK O				PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	ate:					DA	TE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
DEDDECENTATI	VE IN THE GENE	מאו אכם	SEMBLY				МО		DAY	YE	AR	4	STH	REF		25
REPRESENTATI	VE IN THE GENE	KAL ASS	DEMIDET					11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО)	DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		9 18	20	018	ТО		10	2	22	2018					
A. Amount Bro	ught Forward Fro	m Last R	Report			Ş	\$			21,9	986.68					
B. Total Moneta	ary Contributions	And Red	eipts (Fron	n Sched	dule I)		\$			4,5	550.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			26,5	536.68					
D. Total Expend	ditures (From Scl	nedule II	II)				\$			11,1	78.44					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			15,3	58.24					
F. Value Of In-	Kind Contribution	s Receiv	red (From S	chedul	e II)	;	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	/)		!	\$				0.00					
				AFF:	IDAV	IT SI	ECT	ION								
PART I - If this is I swear (or affirm)	s a Committee report, in	-	_								_		of my kno	wledge	and belie	ef , true
correct and comple													_			
Sworn to and subs	cribed before me th day of	is 	20			_				S	Signature	of Perso	n Submit	ting Re _l	ort	
	Signat	ure				_						Prin	ted Name	9		
My Commission Ex	rpires					_						Ema	il			
	МО	D	AY	YR					Are	a Cod	le	Daytin	ne Teleph	one Nu	mber	=
Part II- If this is	•				•											
No 320) as amende		•	edge and beli	ief this	politica	l comi	mittee	has n	ot viola	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this day of	•	20								S	ignature	of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	nil			
	мо	D	AY	YR					Area	Code		D	aytime T	elephor	ie Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SONNEY, CURT COM TO ELECT	From:	9/18/201	<u>8</u> To:	10/22/2018
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)			\$	250.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	(2)	\$	250.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	4,300.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	4,300.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,550.00

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		
SONNEY, CURT COM TO ELECT	From:	9/18/2018	То:	10/22/2018
		DATE		AMOUNT

Full Name of Contributing Committee	мо	DAY	VEAD	
PA CAMPGROUND OWNERS PAC	МО	DAY	YEAR	
				35000

Mailing Address

City HARRISBURG

PA

State
PA

17101

PA

2018

\$ 250.00

PAGE TOTAL 250.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Committ	ee or Candidate	R	Reporting P	eriod			
		F	From:		To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
				I	I		
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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	ime of Filing Committee or Candidate Repo						
SONNEY, CURT COM TO ELECT			From:	<u>9/1</u>	8/2018	То:	10/22/2018
				DA	TE		AMOUNT
Full Name of Contributing Committee FARMER				МО	DAY	YEAR	\$ 300.00
Mailing Address				7	25	2018	
City Camphill	State PA	Zip Code 17001	e (Plus 4)		23	2018	
Full Name of Contributing Committee PA ASSN. OF DEER FARMERS PAC					DAY	YEAR	\$ 500.00
Mailing Address				7	20	2018	
City HARRISBURG	State	Zip Code	e (Plus 4)			2010	
	PA	17101					
Full Name of Contributing Committee PA RECREATIONAL VEHICLE PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address					13	2018	
City CAMP HILL	State	Zip Code	e (Plus 4)	7	13	2010	
	PA	17011-	0000				
Full Name of Contributing Committee PENNSYLVANIA EMERGENCY PHYSICIAN	NS PAC			мо	DAY	YEAR	\$ 500.00
Mailing Address				7	20	2018	
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)				
Full Name of Contributing Committee PA TRUCK PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address				7	12	2018	300.00
City CAMP HILL	State	Zip Code	e (Plus 4)	'	12	2010	
	PA	17011-	6409				
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address				7	20	2018	1,000.00
City HARRISBURG	State	Zip Code	e (Plus 4)	'		2010	
	DΔ	171010	000	l	1	1	I

Full Name of Contributing Committee					DAY	YEAR	
ERIE INSURANCE PAC				МО	DAI	ILAN	\$ 1,000.00
Mailin	Mailing Address				23	2018	_,
City	ERIE	State	Zip Code (Plus 4)	8	23	2010	
		PA	16530-0000				

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

PAGE TOTAL \$ 4,300.00

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						
				Froi	m:		To) :		
					D	ATE		1A	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	2	Zip Code (Plus	5 4)						
Employer Name	.				Occupa	tion	•			
Employer Mailing Address/Principa	al Place of Business		City		•	State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on	Schedule I, Detail	ed Sum	nmary Page,	Section	on 3.		Γ	P	AGE TOTAL	
								\$	0.00	

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		Report	ing Peri	od			
			From:			To:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	•	•			1		<u> </u>	
Futor Count Total of Doub	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	Reporting Perio	d							
SONNEY, CURT COM TO ELECT	From:	<u>9/18/2018</u> To:	10/22/2018						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (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,		\$	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			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
	Fi					From:			
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
SONNEY, CURT COM TO ELECT	From	9/18/2018	То:	10/22/2018
	DATE AMOU			AMOUNT

To Whom Paid HRCC Mailing Address To Whom Paid State DAY YEAR YEAR		AMOUNT		
HRCC Mailing Address 10 1 20:		_		
HRCC Mailing Address 10 1 20:				
	.8 \$			
City Harrichurg State Zin Code (Plus 4) Description of Evpendity		10,000.00		
City Harrisburg State Zip Code (Plus 4) Description of Expenditu	Description of Expenditure			
PA 17101 Donation	Donation			
To Whom Paid MO DAY YEAR	,			
Pa GOP State committee				
Mailing Address 9 29 20	.8 \$	1,000.00		
City Harrisburg State Zip Code (Plus 4) Description of Expenditu	Description of Expenditure			
PA 17101 Donation	Donation			
To Whom Paid MO DAY YEAR	,			
Sams Club				
Mailing Address 9 27 20:	.8 \$	178.44		
City Erie State Zip Code (Plus 4) Description of Expenditu	Description of Expenditure			
PA 16509 advertisement UC parac	advertisement UC parade			
		PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$	11,178.44		