Campaign Finance Report

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

Filer Identification 2004106 Number :						Report CANDIDA Filed By:		IDATE		СОМ	ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Ca	andida	ate or L	obbyist:		SO	NNE	, CUF	RT COM	TO ELE	СТ			-			
Street Address:	7783 EA	ST LA	KE RD														
City:	ERIE								State:	PA			Zip Cod	de: 16	5511-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?			~	
report type)	ANNUAL REF	PORT	7.	Year 2020		FILING METHOD () CHECK ONE					PAPER DISKETTE				ГТЕ		
Name of Office S	Sought by Car	ndidat	te:	•					DATE	OF ELE	CTIC	DN .	District Number	Office Code	Part	ty Code	County Code
	.								МО	DAY	Υ	EAR	4	STH	REP		25
REPRESENTATI	VE IN THE G	ENER	AL ASS	EMBLY					1	1	3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures		nd	МО	DAY	YEAR	R		_	МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures				1 1	2	020	T	0		5	18	2020					
A. Amount Bro	ught Forward	l Fron	1 Last R	eport				\$			12,	496.18					
B. Total Monet	ary Contribut	ions <i>l</i>	And Rec	eipts (From	Sche	dul	le I)	\$			6,	800.00					
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$			19,	296.18					
D. Total Expend	ditures (From	n Sche	edule II	I)				\$			3,	396.18					
E. Ending Cash	Balance (Sul	btract	Line D	From Line C	E)			\$			15,9	900.00]				
F. Value Of In-	Kind Contribu	utions	Receiv	ed (From Sc	hedu	le I	II)	\$				0.00					
G. Unpaid Debt	ts And Obliga	tions	(From S	Schedule IV)			\$				0.00					
					AFF	ID	AVI	T SE	CTION								
PART I - If this is		-	•	-													
I swear (or affirm) correct and complete		rt, incl	uding the	attached sch	edules	s file	ed on	paper o	or by elec	ctronic m	edium	ı, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before n	ne this		20							;	Signature	of Perso	n Submit	ting Rep	ort	
				-				- -					Prin	ted Name	e		
My Commission Ex		ignatur	e										Ema	il			
	мо		D	AY	YR			-		Ar	ea Co	de	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a	a cand	lidate's	authorized	Comn	nitt	ee, C	andida	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		st of m	ıy knowle	edge and belie	ef this	pol	litical	commi	ittee has	not viola	ited ai	ny provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before m	e this										s	ignature (of Candid	ate		
	day of							_									
	<u> </u>	- A						-					Printe	d Name			
My Commission Exp	Signa pires	ature											Ema	il			
	м	0	D	AY	YR	l		-		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
SONNEY, CURT COM TO ELECT	From:	1/1/202	<u>0</u> To:	5/18/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	500.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	500.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	6,300.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	6,300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	6,800.00

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 Ca	ndidate	R	Reporting	Period			
SONNEY, CURT COM TO ELECT	ī	F	rom:	1/1/20) <u>20</u> To	:	5/18/2020
		I		DATE			AMOUNT
Full Name of Contributing Commi	ittee		МО	DAY	YEAR		
Mailing Address 777 E PAR	K DR, STE 300		3	5	2020	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17111-2754			2020		
Full Name of Contributing Commi			МО	DAY	YEAR		
Mailing Address 200 N THI	RD ST STE 1500		4	29	2020	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000			2020		

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

PAGE TOTAL 500.00

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.

Name of Filing Comm	nittee or Candidate		Rep	orting F	Period			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contribute	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

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			
SONNEY, CURT COM TO ELECT			From:	1/	<u>/1/2020</u>	То:	5/18/2020
				DA	TE		AMOUNT
Full Name of Contributing Committee PA ACADEMY OF NUTRITION AND DIET	ITICS PAC (PAND PAC	C)		мо	DAY	YEAR	\$ 500.00
Mailing Address 200 NORTH THIRD S	T, STE 1500			3	12	2020	
City HARRISBURG	State PA	Zip Code 17101-:	e (Plus 4) 1590		12	2020	
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 200 N THIRD ST STE	1500			3	12	2020	,
City HARRISBURG	State	Zip Code	e (Plus 4)				
	PA	171010	000				
Full Name of Contributing Committee Pennsylvania Optometric PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 218 North St				3	11	2020	,
City HARRISBURG	State	Zip Code	e (Plus 4)				
	PA	17101					
Full Name of Contributing Committee First Energy PAC		-		мо	DAY	YEAR	\$ 300.00
Mailing Address 76 S. Main St.				3	10	2020	
City Akron	State OH	Zip Code 44308-:	e (Plus 4) 1890			2020	
Full Name of Contributing Committee ERIE INSURANCE PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 100 ERIE INSURANC	E PLAZA			3	11	2020	300.00
City ERIE	State	Zip Code	e (Plus 4)		''	2020	
	PA	16530-0	0000				
Full Name of Contributing Committee PA REALTORS PAC				мо	DAY	YEAR	\$ 300.00
Mailing Address 500 NORTH 12TH ST	REET			2	10	2020	500.00
City LEMOYNE	State	Zip Code	e (Plus 4)	3	12	2020	
	PA	17043					

Full Name of Contributing Committee						
Z PAC (PA ANESTHESIOLOGISTS PAC)			МО	DAY	YEAR	
Mailing Address 1400 N. Providence	Rd huilding 2					\$ 1,000.00
City MEDIA	State	Zip Code (Plus 4)	3	13	2020	
City MEDIA	PA	19063				
	PA	19063	<u> </u>	<u> </u>	<u> </u>	
Full Name of Contributing Committee			мо	DAY	YEAR	
HIGHMARK PAC OF HIGHMARK INC						\$ 300.00
Mailing Address 1800 CENTER ST			3	10	2020	
City CAMP HILL	State	Zip Code (Plus 4)		10	2020	
	PA	17089-0000				
Full Name of Contributing Committee						
ACRE (ACTION COM RURAL ELECTRIFIC	CATION)		МО	DAY	YEAR	
Mailing Address P.O. Box 1266	,					\$ 300.00
City HARRISBURG	State	Zip Code (Plus 4)	2	29	2020	
City HARRISBURG	PA	17108				
	PA	17108		<u> </u>	<u> </u>	
Full Name of Contributing Committee			мо	DAY	YEAR	
NFG PAPAC (NATIONAL FUEL GAS)						\$ 500.00
Mailing Address 1100 State St.			3	10	2020	
City ERIE	State	Zip Code (Plus 4)				
	PA	16501				
Full Name of Contributing Committee	•	•				
PA MEDICAL PAC (PAM PAC)			МО	DAY	YEAR	\$ 600.00
Mailing Address P.O. BOX 8820			_	10	2020	\$ 600.00
City HARRISBURG	State	Zip Code (Plus 4)	3	10	2020	
	PA	171050000				
			I	I	<u> </u>	ı

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

PAGE TOTAL \$ 6,300.00

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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE 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 o	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 (Plus 4)					
Receipt Description	•	,			I			
			. .:	_				PAGE TOTAL
Enter Grand Total of Part I	E on Schedule I, Detailed	Summary 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	Reporting Period		
SONNEY, CURT COM TO ELECT	From:	<u>1/1/2020</u> To:	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Ca	ndidate		Reportin	g 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:	•		•	•			
				_	Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	g Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								<u>-</u>	\$ (0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	•				Occu	pation				
Employer Mailing Address/Principal Place	ce of Business	City	V	State	e Zi	ip Code(Plus 4)	Desci	ipti	on of Contribution	n
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kii	nd C	Contributions D	etaile	ed				PAGE TOTA	AL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
SONNEY, CURT COM TO ELECT	From	1/1/2020	То:	<u>5/18/2020</u>

					DATE			AMOUNT		
To Whom Paid					DAY	YEAR				
Meghan Amy				МО						
Mailing Address 817 E. Main St.				2	16	2020	\$	600.00		
City Corry		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16407	campai	gn work					
To Whom Paid				мо	DAY	YEAR				
Danielle Wargo				140		ILAK				
Mailing Address 43 East St.					16	2020	\$	700.00		
City North Eas	st	State	Zip Code (Plus 4)	Description of Expenditure						
PA 16428				campaign work						
To Whom Paid				МО	DAY	YEAR				
HRCC				140		ILAK				
Mailing Address	500 North 3rd St.			2	3	2020	\$	650.00		
City HARRISBURG State Zip Code (Plus 4)			Description of Expenditure							
PA 17101				Donation						
To Whom Paid				МО	DAY	YEAR				
HRCC				MO		ILAK				
Mailing Address 500 North 3rd St.				2	3	2020	\$	500.00		
City HARRISBURG State Zip Code (Plus 4)				Description of Expenditure						
		PA	17101	Donation						
To Whom Paid				мо	DAY	YEAR				
ECRC				140		ILAK				
Mailing Address P.O.Box 1144					8	2020	\$	250.00		
City Erie		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16512	Donatio	n					
To Whom Paid				МО	DAY	YEAR				
Melissa Boozel						ILAN				
Mailing Address 6484 Buffalo Rd.					14	2020	\$	10.00		
City Harborcreek State Zip Code (Plus 4)				Description of Expenditure						
PA 16421					Notary					

To Whom Paid	мо	DAY	YEAR					
Curt Sonney			1-10					
Mailing Address 7783 East Lake R	d.		2	14	2020	\$	100.00	
City Erie	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	16511	Certifie	d Check				
To Whom Paid				DAY	YEAR			
Rita Valone			МО		ILAK			
Mailing Address 81 Grahamville S	t.		2	16	2020	\$	500.00	
City North East State Zip Code (Plus 4)			Description of Expenditure					
	PA	16428	campaign work					
To Whom Paid			мо	DAY	YEAR			
Corry Journal			1-10		12/11			
Mailing Address 28 West South St	•		1	30	2020	\$	86.18	
City Corry	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16407	advertisement					
						_	PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							3,396.18	