

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 ✓	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.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes No ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes No ✓
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER ✓	DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	Party Code
				11	3	2020	25
				(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	MO	DAY	YEAR
		1	1	2020	5	18	2020
		TO					
A. Amount Brought Forward From Last Report				\$ 12,496.18			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 6,800.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 19,296.18			
D. Total Expenditures (From Schedule III)				\$ 3,396.18			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 15,900.00			
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>1/1/2020</u> To: <u>5/18/2020</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)	\$ 500.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting 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 Period (3)	\$ 6,300.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 6,800.00
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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 SONNEY, CURT COM TO ELECT	Reporting Period From: <u>1/1/2020</u> To: <u>5/18/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee RCPA-PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 777 E PARK DR, STE 300			3	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111-2754				

Full Name of Contributing Committee OTO PAC (PA ACADEMY OF OTOLARYNGOLOGY)			MO	DAY	YEAR	\$ 250.00
Mailing Address 200 N THIRD ST STE 1500			4	29	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000				

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

PAGE TOTAL
\$ 500.00

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	Reporting Period
SONNEY, CURT COM TO ELECT	From: <u>1/1/2020</u> To: <u>5/18/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee PA ACADEMY OF NUTRITION AND DIETITICS PAC (PAND PAC)				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 NORTH THIRD ST, STE 1500				3	12	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-1590					
Full Name of Contributing Committee PA OPHTHALMOLOGY PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 200 N THIRD ST STE 1500				3	12	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000					
Full Name of Contributing Committee Pennsylvania Optometric PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 218 North St				3	11	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee First Energy PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 76 S. Main St.				3	10	2020	
City Akron	State OH	Zip Code (Plus 4) 44308-1890					
Full Name of Contributing Committee ERIE INSURANCE PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 100 ERIE INSURANCE PLAZA				3	11	2020	
City ERIE	State PA	Zip Code (Plus 4) 16530-0000					

Full Name of Contributing Committee PA REALTORS PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 500 NORTH 12TH STREET			3	12	2020	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043				
Full Name of Contributing Committee Z PAC (PA ANESTHESIOLOGISTS PAC)			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1400 N. Providence Rd. building 2			3	13	2020	
City MEDIA	State PA	Zip Code (Plus 4) 19063				
Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC			MO	DAY	YEAR	\$ 300.00
Mailing Address 1800 CENTER ST			3	10	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089-0000				
Full Name of Contributing Committee ACRE (ACTION COM RURAL ELECTRIFICATION)			MO	DAY	YEAR	\$ 300.00
Mailing Address P.O. Box 1266			2	29	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee NFG PAPAC (NATIONAL FUEL GAS)			MO	DAY	YEAR	\$ 500.00
Mailing Address 1100 State St.			3	10	2020	
City ERIE	State PA	Zip Code (Plus 4) 16501				
Full Name of Contributing Committee PA MEDICAL PAC (PAM PAC)			MO	DAY	YEAR	\$ 600.00
Mailing Address P.O. BOX 8820			3	10	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 171050000				

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

PAGE TOTAL
\$ 6,300.00

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	\$ 0.00
Mailing Address							
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	\$ 0.00
Mailing Address						
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		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 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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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	Reporting Period
SONNEY, CURT COM TO ELECT	From <u>1/1/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT		
To Whom Paid Meghan Amy			MO	DAY	YEAR	\$ 600.00
Mailing Address 817 E. Main St.			2	16	2020	
City Corry	State PA	Zip Code (Plus 4) 16407	Description of Expenditure campaign work			
To Whom Paid Danielle Wargo			MO	DAY	YEAR	\$ 700.00
Mailing Address 43 East St.			2	16	2020	
City North East	State PA	Zip Code (Plus 4) 16428	Description of Expenditure campaign work			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 650.00
Mailing Address 500 North 3rd St.			2	3	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Donation			
To Whom Paid HRCC			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 North 3rd St.			2	3	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Donation			
To Whom Paid ECRC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O.Box 1144			2	8	2020	
City Erie	State PA	Zip Code (Plus 4) 16512	Description of Expenditure Donation			

To Whom Paid Melissa Boozel			MO	DAY	YEAR	\$ 10.00
Mailing Address 6484 Buffalo Rd.			2	14	2020	
City Harborcreek	State PA	Zip Code (Plus 4) 16421	Description of Expenditure Notary			

To Whom Paid Curt Sonney			MO	DAY	YEAR	\$ 100.00
Mailing Address 7783 East Lake Rd.			2	14	2020	
City Erie	State PA	Zip Code (Plus 4) 16511	Description of Expenditure Certified Check			

To Whom Paid Rita Valone			MO	DAY	YEAR	\$ 500.00
Mailing Address 81 Grahamville St.			2	16	2020	
City North East	State PA	Zip Code (Plus 4) 16428	Description of Expenditure campaign work			

To Whom Paid Corry Journal			MO	DAY	YEAR	\$ 86.18
Mailing Address 28 West South St.			1	30	2020	
City Corry	State PA	Zip Code (Plus 4) 16407	Description of Expenditure advertisement			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,396.18

