

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:											
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 ☒		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	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	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	4	STH	REP	25
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		6	23	2020		10	19	2020			
A. Amount Brought Forward From Last Report					\$		15,900.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		4,050.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		19,950.00				
D. Total Expenditures (From Schedule III)					\$		2,270.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		17,680.00				
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>6/23/2020</u> To: <u>10/19/2020</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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,800.00

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.)	\$ 4,050.00
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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				Reporting Period			
SONNEY, CURT COM TO ELECT				From: <u>6/23/2020</u> To: <u>10/19/2020</u>			
				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
Mailing Address				10	7	2020	
City Gibsonia	State PA	Zip Code (Plus 4) 15044-7428					

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

PAGE TOTAL
\$ 250.00

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>6/23/2020</u> To: <u>10/19/2020</u>
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				DATE			AMOUNT
Full Name of Contributing Committee NFG PAPAC (NATIONAL FUEL GAS)				MO	DAY	YEAR	\$ 500.00
Mailing Address				9	23	2020	
City	ERIE	State	PA				
Full Name of Contributing Committee PAA PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address				9	23	2020	
City	HARRISBURG	State	PA				
Full Name of Contributing Committee K&L GATES LLP				MO	DAY	YEAR	\$ 300.00
Mailing Address				9	23	2020	
City	PITTSBURGH	State	PA				
Full Name of Contributing Committee School Bus PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				7	15	2020	
City	CAMP HILL	State	PA				
Full Name of Contributing Committee Pa. Medical Political Action Committee				MO	DAY	YEAR	\$ 500.00
Mailing Address				9	29	2020	
City	HARRISBURG	State	PA				
Full Name of Contributing Committee Penn Osteopathic Med PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	2	2020	
City	HARRISBURG	State	PA				

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

PAGE TOTAL
\$ 3,800.00

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	\$ 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>6/23/2020</u> To: <u>10/19/2020</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:

				DATE		AMOUNT	
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 SONNEY, CURT COM TO ELECT	Reporting Period From <u>6/23/2020</u> To: <u>10/19/2020</u>
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DATE				AMOUNT			
To Whom Paid			MO	DAY	YEAR	\$	2,000.00
HRCC							
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure	
Donation							
To Whom Paid			MO	DAY	YEAR	\$	270.00
The Corry Journal							
Mailing Address							
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
\$							2,270.00

