### **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 :						Rep File			CANDI	DATE		СОМ	<b>ITTEE</b>	<b>√</b>	LOBE	SYIST		
Name of Filing C	Committee	e, Candid	ate or Lo	obbyist:		SON	NEY	, CUF	RT COM	ΓΟ ELE	СТ							
Street Address:	7783	EAST LA	KE RD															
City:	ERIE								State:	PA <b>Zip Code:</b> 1651					5511-0	000		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.						ARY	POST- 3.			AMENDMENT Yes REPORT?			No	`	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E- 5	5. <b>X</b>	30 DA		POST-	6.		TERMINA REPORT		Yes	No	`	
report type)	ANNUAL	REPORT	7.						IG METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:				_		DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	у
	,								МО	DAY	YE	AR	4	STH	REP		25	
REPRESENTATI	IVE IN TH	ie gener	AL ASS	EMBLY					11		3	2020		(SEE IN	STRUCTIO	ONS FOR (	ODES)	
Summary of Expenditures		and	МО	DAY	YEAR	2		_	МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
				6 23	2	020	T	<b>o</b>	10		19	2020						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$			15,9	900.00						
B. Total Monet	ary Contri	ibutions /	And Rec	eipts (Fron	n Sche	dule	I)	\$			4,0	)50.00						
C. Total Funds Available (Sum Of Lines A and B)								\$			19,9	950.00						
D. Total Expenditures (From Schedule III)							\$			2,2	270.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			17,6	80.00						
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le II)	)	\$				0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule I\	/)			\$				0.00			'			
					AFF	IDA	VIT	ΓSE	CTION									
PART I - If this is		-	•	_													_	ч
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s filed	on I	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	e,
Sworn to and subs	cribed befo	ore me this	i	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
		Signatu						<u>-</u>					Prin	ted Name	e			-
My Commission Ex	xpires	Signatui	·										Ema	il				-
		мо	DA	ΛΥ	YR			-		Are	ea Cod	le	Daytim	ne Teleph	none Nu	mber		-
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nittee	e, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and bel	ief this	politi	ical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed befor	re me this										s	ignature o	of Candid	ate			-
	day of			- 20				-					Prin+e	ed Name				-
		Signature						-						Haille				_
My Commission Exp		J											Ema	il				
	_	мо	DA	ΔY	YR	l l		•		Area	Code		D	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
SONNEY, CURT COM TO ELECT	From:	6/23/20	2 <u>0</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	\$	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	J 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			\$	4,050.00

#### **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:	6/23/2020	То:	10/19/2020
		DATE		AMOUNT

Full Name of Contributing Committee ASSOCIATED BUILDERS & CONTRACTO	МО	DAY	YEAR			
Mailing Address 2360 Venture Dr.						\$ 250.00
City Gibsonia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15044-7428	10	7	2020	

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

**PAGE TOTAL \$** 250.00

## 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.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Candidate				Reporting Period From: To:						
					DATE		AN	4OUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$ \$	0.00		
City	State	Zip Code (Plus 4)	1							

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	Name of Filing Committee or Candidate Report				g Period				
SONNEY, CURT COM TO ELECT			From:	<u>6/2</u>	3/2020	То:	10/19/2020		
				DA	TE		AMOUNT		
Full Name of Contributing Committee  NFG PAPAC (NATIONAL FUEL GAS)				МО	DAY	YEAR			
Mailing Address 1100 State St.							<b>\$</b> 500.00		
City ERIE	State Zip Code (Plus 4) PA 16501		9	23	2020				
Full Name of Contributing Committee PAA PAC	мо	DAY	YEAR						
Mailing Address 1925 North Front St.  City HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 17105	e (Plus 4)	9	23	2020	\$ 500.00		
Full Name of Contributing Committee K&L GATES LLP				МО	DAY	YEAR			
Mailing Address 210 6TH AVE							<b>\$</b> 300.00		
City PITTSBURGH	<b>State</b> PA	<b>Zip Cod</b>	<b>e (Plus 4)</b> 2602	9	23	2020			
Full Name of Contributing Committee School Bus PAC				МО	DAY	YEAR			
Mailing Address 355 N. 21st St.				7	15	2020	\$ 1,000.00		
City CAMP HILL	State PA	<b>Zip Cod</b> 17011	e (Plus 4)	7	15	2020			
Full Name of Contributing Committee Pa. Medical Political Action Committee				МО	DAY	YEAR			
Mailing Address P.O. BOX 8820							\$ 500.00		
City HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 17105	e (Plus 4)	9	29	2020			

Full Name of Contributing Committee Penn Osteopathic Med PAC	МО	DAY	YEAR			
Mailing Address 1330 Eisenhower Blvd						\$ 1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	10	2	2020	
	PA	17111-2319				

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

PAGE TOTAL
\$ 3,800.00

### 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	Reporting Period					
				Fror	om: To:					
					D	ATE			AMOUNT	i
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zip Code (Plus 4)								
Employer Name					Occupation					
Employer Mailing Address/Principal P Business	Place of		City		•	State		Zip (	Code (Plus	: 4)
Enter Grand Total of Part C on Sc	hedule I, Detailed	l Sumr	mary Page,	Section	on 3.			\$	PAGE TO	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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. <b>y</b> 1 dgc,	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	i	
SONNEY, CURT COM TO ELECT	From:	<u>6/23/2020</u> <b>To:</b>	10/19/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	Name of Filing Committee or Candidate R					Reporting Period					
	From:		То:	То:							
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>\$</b>	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:											
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL				
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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:		То	То:				
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$	0.00	
City	State	Zip Code(Pl		Plus 4)								
Employer of Contributor						Occupation						
Employer Mailing Address/Principal Place of Business		City		State		Zip 4)	Zip Code(Plus 4)		Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed									PAGE TOTAL			
Summary Page, Section 3.							0.00					

**PAGE TOTAL** 

2,270.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
SONNEY, CURT COM TO ELECT			From	<u>6/2:</u>	3/2020 <b>To:</b>		10/19/2020		
		•	DATE				AMOUNT		
To Whom Paid HRCC				DAY	YEAR				
Mailing Address 500 North 3rd St.				15	2020	\$	2,000.00		
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	Description of Expenditure  Donation						
<b>To Whom Paid</b> The Corry Journal			МО	DAY	YEAR				
Mailing Address 28 West South St.				6	2020	\$	270.00		
City Corry	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16407	Description of Expenditure advertisement						

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.