### **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	2004:	106				Repo Filed		:	CA	NDII	DATE		COMM	4ITTEE	<b>✓</b> [	LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist	t:	5	SONN	EY,	CUF	RT CC	МТ	O ELE	СТ							
Street Address:																				
City:	ERIE									State	e:	PA			Zip Cod	<b>ie:</b> 16	511-0	0000		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FI PRIMA		PRE-	2.		0 DA RIMA		Р	OST-	3.		AMENDM REPORT?		Yes		lo	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FI		PRE-	- 5.		30 DAY F ELECTION			OST-			TERMINATION REPORT?		Yes	Ī	lo	<b>\</b>
report type)	ANNUAL	. REPORT	7. <b>X</b>	Year 2	2020					IG ME CHEC					PAPER		<b>\</b>	DISK	ETTE	
Name of Office S	ought by	, Candidat	e:				_			DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Cod	e Coui	
DEDDECEMENT	\	IE OENED	AL ACC	EMBLY	,					мо		DAY	Υ	EAR	4	STH	REI	)	25	
REPRESENTATI	VE IN IF	1E GENER	AL ASS	EMBLY							11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	)
Summary of		s and	МО	DAY	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	CE USE	ONL	1	
Expenditures	rrom:		1	l1	24	20	20	ТО	)		12	,	31	2020						
A. Amount Bro	ught Forv	ward From	ı Last R	eport					\$				6,	580.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (	From	Sched	lule I	)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B	)				\$				6,	580.00						
D. Total Expend	ditures (I	From Sche	dule II	I)					\$					119.99						
E. Ending Cash	Balance	(Subtract	Line D	From L	ine C	<b>:</b> )		_	\$				6,4	460.01						
F. Value Of In-	Kind Con	tributions	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedu	le IV)	)			\$					0.00			•			
						AFFI	[DA\	/IT	SE	CTIC	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer s	sign h	ere. I	f this	is a	Can	ndidat	e re	port, c	andi	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attach	ed sch	edules	filed o	on pa	per (	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	ore me this		20									:	Signature	of Perso	n Submitt	ing Re	port		
	_	Signatur	'A					_							Prin	ted Name	<b>)</b>			-
My Commission Ex	cpires	oigilatui.	-								•				Ema	il				-
		мо	D/	ΑY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	author	ized (	Comm	ittee,	Car	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	d belie	f this	politic	al co	ommi	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		re me this												s	ignature o	of Candida	ate			- $ $
	day of —														Printe	d Name				-
	:	Signature						_												_
My Commission Exp		-													Ema	il				
	_	МО	D	AY		YR						Area	Code		Da	aytime To	elepho	ne Nun	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
SONNEY, CURT COM TO ELECT	From:	11/24/202	<u>0</u> To:	12/31/2020
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)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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 Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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 Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>*</b>	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	0.00

## 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			
			Fror	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	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 Scho	dule I, Detailed S	Summary Page,	, Sectio	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	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	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 Peri	od	
SONNEY, CURT COM TO ELECT	From:	<u>11/24/2020</u> <b>To:</b>	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
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 Candi	idate		Reportin				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period			
SONNEY, CURT COM TO ELECT	From	11/24/2020	То:	12/31/2020	
				4140111	

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Melissa Boozel Notary			1-10		12/110		
Mailing Address			11	30	2020	\$	10.00
City Harborcreek	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	16421	notary				
To Whom Paid			МО	DAY	YEAR		
Post Master			140		ILAK		
Mailing Address			11	30	2020	\$	26.35
City Harborcreek	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	16421	Postage	!			
To Whom Paid			МО	DAY	YEAR		
The Corry Journal			МО	DAI	ILAK		
Mailing Address			12	10	2020	\$	83.64
City Erie	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16407	advertis	sement			
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	119.99