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			Rep File			CAND	DATE		СОМ	4ITTEE	ITTEE / LOBBYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		SON	INE	, CUI	RT COM	TO ELE	СТ									
Street Address:	7783 EAST LA	KE RD																	
City:	ERIE							State:	PA			Zip Cod	de: 16	5511-0	000				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	Y			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	Ē- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~			
report type)	ANNUAL REPORT	7.	Year 2022					NG METH				PAPER	PAPER DISK						
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Part	ty Code	County	,		
								МО	DAY	ΥI	AR	4		REP		25			
								11		8	2022	(SEE INSTRUCTIONS FOR CODES							
	Receipts and	МО	DAY	YEAR	ł			мо	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY				
Expenditures	from:		1 1	2	022	Т	0	5	5	2	2022								
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			6,3	323.27								
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 6,323.27																			
D. Total Expenditures (From Schedule III) \$ 78.64																			
E. Ending Cash	Balance (Subtract	Line D	From Line (ine C) \$ 6,244.63															
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	\$				0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•					
				AFF	IDA	VI	T SE	CTION											
	s a Committee rep		_																
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	lon	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true			
Sworn to and subs	cribed before me this day of	3	20							5	ignature	of Perso	n Submit	ting Rep	ort				
	Signatu	re					- -					Prin	ted Name	e					
My Commission Ex	_											Ema	il						
	мо	DA	ΑY	YR					Ar	ea Cod	le	Daytim	e Teleph	none Nu	nber				
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.									
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	1333,			
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate					
	day of						_					Printe	d Name						
	Signature						-												
My Commission Exp	-											Ema	il						
	МО	D/	AY	YR	1		•		Area	Code		Da	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:	1/1/202	<u>2</u> To:	<u>5/2/2022</u>
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g 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	g Period	(3)	\$	0.00
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 ar 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 Commit	tee or Candidate			Reporting Period						
				From:		:				
			'		DATE			AMOUNT		
Full Name of Contributin	g Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

PART B 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 Commit	tee or Candidate	1	Reporting	Period			
			From:		To	o :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. 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				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	L .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 Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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	d	
SONNEY, CURT COM TO ELECT	From:	<u>1/1/2022</u> To:	<u>5/2/2022</u>
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			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 Period				
SONNEY, CURT COM TO ELECT	From	1/1/2022	То:	5/2/2022	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Walmart			МО	DAT	TEAR		
Mailing Address 5741 Bufalo	Rd		1	22	2022	\$	10.00
City Harborcreek	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	16421	notary				
To Whom Paid Walmart			МО	DAY	YEAR		
Mailing Address 5741 Bufalo	2 4 2022				\$	20.00	
City Harborcreek	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	16421	notary				
To Whom Paid Walmart			МО	DAY	YEAR		
Mailing Address 5741 Bufalo	Rd		2	3	2022	\$	48.64
City Harborcreek	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	16421	Printer :	Ink			
							PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D).			\$	78.64