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 :		Rep File			CANI	DIE	DATE		СОМ	4ITTEE	✓	LOBE	SYIST					
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		SON	NEY	, CUI	RT COM	1 T	O ELE	СТ							
Street Address:	7783 EAST LA	AKE RD																
City:	ERIE							State:		PA			Zip Code: 16511-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5	5.	30 DA		P	OST-	6. X		TERMINA REPORT		Yes	No		
report type)	ANNUAL REPORT	7.	Year 2022					NG MET CHECK					PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	FELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО		DAY	YE	AR			REP		25	
								1	11		8	2022		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAF	2			МО		DAY	ΥI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:	-	10 25	2	022	Т	<u> </u>	1	11	2	28	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				4,2	259.57						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				4,2	259.57						
D. Total Expend	ditures (From Sch	edule II	I)				\$				4,2	59.57						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00			1			
				AFF	FIDA	VI	ΓSE	CTIO	N									
	s a Committee rep	•																
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedule	s filed	l on	paper	or by ele	ectr	onic me	dium	, 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	i	20						-		S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	**					- -		-				Prin	ted Nam	e			
My Commission Ex	_	ie							-				Ema	il				
	мо	D	AY	YR			-		-	Are	a Coc	le	Daytim	e Telepi	none Nui	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nitte	e, C	andid	ate sha	shall sign here.									
I swear (or affirm) No 320) as amende		ny knowle	edge and bel	ief this	polit	ical	comm	ittee has	e has not violated any provisions of the act of June 3,1937 (P.L. 133							1333,		
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			
	day of —— ————						-						Printe	d Name				
	Signature						-		_									
My Commission Exp	_												Ema	il				
	МО	D	AY	YF	R		•		•	Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SONNEY, CURT COM TO ELECT	From:	10/25/202	<u>2</u> To:	11/28/2022
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

Name of Filing Committee or Candidate Re				\$250.00 in the reporting period. Reporting Period						
			Fr	om:		То	:			
			1		DATE			AMOUNT		
Full Name of Contributing	Committee			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

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 Filling Committee of Candidate					Reporting Period From: To:					
			l		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.

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 Candi	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

lame of Filing Committee or Candidate					orting Pe	riod			
				From: To:					
					D	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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 Per	iod	
SONNEY, CURT COM TO ELECT	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candid	ate		Reporting	g Period			
			From:				
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					porting	Period				
					From:			То	То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.				etaile	ed					PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
SONNEY, CURT COM TO ELECT			From	10/25	5/2022	То:	11/28/2022
		DATE AMOI					
To Whom Paid Sheraton			мо	DAY	YEAR		
Mailing Address 55 W. Bay Rd.				19	2022	\$	1,164.73
City Erie	State PA	Zip Code (Plus 4) 16507	1	otion of Exp			
To Whom Paid HRCC			МО	DAY	YEAR		
Mailing Address 500 N. 3rd St. #4			11	25	2022	\$	3,094.84
City Harrisburg State Zip Code (Plus 4)				tion of Exp	enditure		

17101

Donation

РΑ

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

PAGE TOTAL

4,259.57

\$