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 2	00410)6			Rep File			CAN	DIE	DATE		COMM	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Can	didate	e or Lo	bbyist:		SON	NE	, CUI	RT COM	1 T	O ELE	СТ							
Street Address:																			
City:	ERIE								State:		PA			Zip Cod	le: 16	511			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE	- 2	2. X	30 DA		POST- 3.				AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDA ELECTION	Y PRE	<u>-</u> 5	5.	30 DA		P	POST- 6.			TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	PRT 7.	•	Year 2010					IG MET CHECK					PAPER		\	DISK	ETTE	
Name of Office S	ought by Cand	lidate:							DATE	OI	FELEC	CTIC	N	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE CE	NEDAI	١٨٥٥	EMDI V					МО		DAY	YI	AR		STH	REF	1	25	
KLPKLSLNIAII	VE IN THE GE	INLKAL	L A331	LIMDLI					1	11		2	2010		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		j [МО	DAY	YEAR	1			МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:			1 1	. 20	010	Т	0		5		3	2010						
A. Amount Bro	ught Forward I	From L	ast Re	eport				\$				5,7	797.86						
B. Total Moneta	ary Contributio	ns An	d Rece	eipts (Fron	n Sche	dule	I)	\$					75.00						
C. Total Funds	Available (Sun	n Of Li	nes A	and B)				\$				5,8	372.86						
D. Total Expend	ditures (From S	Sched	ule III	()				\$				1,5	25.00						
E. Ending Cash	Balance (Subt	ract L	ine D I	From Line	C)			\$				4,3	47.86						
F. Value Of In-	Kind Contribut	ions R	eceive	d (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligati	ons (F	rom S	chedule I\	/)			\$					0.00		,				
					AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is	a Committee	report	t, treas	surer sign	here. 1	If thi	s is	a Car	didate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		includ	ing the	attached so	hedules	s filed	on	paper	or by ele	ectr	onic me	edium	, are to t	he best of	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this		20						-		9	ignature	of Persoi	n Submitt	ing Rep	ort		_
	Sign	nature						-		-				Print	ted Name				-
My Commission Ex	pires							_		-				Emai	il				
	МО		DA	Y	YR						Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	late's a	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	re.							
I swear (or affirm) No 320) as amende		of my	knowle	dge and bel	ief this	politi	ical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		this		20									Si	ignature o	of Candida	te			_
-	day of							-						Printe	d Name				-
	Signati	ure						-		_									_
My Commission Exp	ires													Emai	iI				
	МО		DA	Υ	YR			•			Area	Code		Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
SONNEY, CURT COM TO ELECT	From:	1/1/201	<u>0</u> To:	<u>5/3/2010</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	75.00
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			\$	75.00

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	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		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.

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 Filing Committe	e or Candidate		Reportin	g Period			
			From:		To) :	
		·		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			I		
City		2.5 code (1.125 1)					

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:		т	o:	
					D.	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip C	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business	C	City		•	State		Zip (Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ry 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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Section	4			PAGE TOTAL
cinter Granu Total Of Part I	on Schedule 1, Detalled	Summary 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	I	
SONNEY, CURT COM TO ELECT	From:	<u>1/1/2010</u> To:	<u>5/3/2010</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

lame of Filing Committee or Candidate Rep				g 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 on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation	1		
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	Code(Plus 4)	Descri	ption o	f Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P	eriod		
SONNEY, CURT COM TO ELECT	From	1/1/2010	То:	<u>5/3/2010</u>

				DATE			AMOUNT		
To Whom Paid					DAY	YEAR			
HRCC				МО					
Mailing Address							\$	500.00	
City HARRISB	SURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17101	DONATION					
To Whom Paid					DAY	YEAR			
AMERICANS VETERAN'S TRAVELING WALL					DAI	ILAK			
Mailing Address					12	2010	\$	200.00	
City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA		DONATION FOR AVTT - TRAVELING WALL IN ERI				VALL IN ERIE	
To Whom Paid					DAY	YEAR			
LECRW (LAKE EF	RIE COMM REP WOMEN)		МО		ILAK			
Mailing Address				2	18	2010	\$	25.00	
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure					
PA DONATION									
To Whom Paid				МО	DAY	YEAR			
CASH				МО	DAT	TEAR			
Mailing Address									
Mailing Address				2	18	2010	\$	200.00	
Mailing Address City		State	Zip Code (Plus 4)		18 tion of Exp		\$	200.00	
		State	Zip Code (Plus 4)	Descrip			\$	200.00	
		State	Zip Code (Plus 4)	Descrip REIMBU	tion of Exp	enditure	\$	200.00	
City To Whom Paid		State	Zip Code (Plus 4)	Descrip	 tion of Exp		\$	200.00	
City To Whom Paid		State	Zip Code (Plus 4)	Descrip REIMBU	tion of Exp	enditure	\$	400.00	
To Whom Paid LISA FLAGELLA		State	Zip Code (Plus 4) Zip Code (Plus 4)	Descrip REIMBU MO	tion of Exp JRSEMENT DAY	YEAR 2010			
To Whom Paid LISA FLAGELLA Mailing Address				Descrip REIMBU MO 3 Descrip	DAY	YEAR 2010 enditure			
To Whom Paid LISA FLAGELLA Mailing Address		State		MO 3 Descript CAMPAI	DAY 8 tion of Exp CGN WORK	YEAR 2010 enditure			
To Whom Paid LISA FLAGELLA Mailing Address City ERIE To Whom Paid	OTARY SERVICE	State		Descrip REIMBU MO 3 Descrip	DAY 8 tion of Exp	YEAR 2010 enditure			
To Whom Paid LISA FLAGELLA Mailing Address City ERIE	OTARY SERVICE	State		MO 3 Descript CAMPAI	DAY 8 tion of Exp CGN WORK	YEAR 2010 enditure			
City To Whom Paid LISA FLAGELLA Mailing Address City ERIE To Whom Paid A-1 TAX AND NO	OTARY SERVICE	State		MO 3 Descrip CAMPAI MO 3	DAY 8 tion of Exp 8 tion of Exp GN WORK	YEAR 2010 enditure YEAR 2010	\$	400.00	

To Whom Paid	мо	DAY	YEAR				
HRCC	MO		ILAK				
Mailing Address				15	2010	\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	FILING FEE				
To Whom Paid	мо	DAY	YEAR				
CORRY CONTRACT					ILAK		
Mailing Address			4	26	2010	\$	50.00
City CORRY	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	16407	DONATI	ON - HOLE	SPONS	OR	
		PAGE TOTAL					
Enter Grand Total of Expenditures	\$	1,525.00					