

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	1. <input checked="" type="checkbox"/> CANDIDATE	2. <input type="checkbox"/> COMMITTEE	3. <input type="checkbox"/> LOBBYIST														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DANERI FOR DA																		
STREET ADDRESS P.O. Box 344																		
CITY ERIE		STATE PA	ZIP CODE 16512 -															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION														
1. <input checked="" type="checkbox"/>	DISTRICT ATTORNEY		R	11 5 2019														
2. <input type="checkbox"/>	DATES OF REPORTING PERIOD																	
3. <input type="checkbox"/>	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>25</td> <td>19</td> <td></td> <td>12</td> <td>31</td> <td>19</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	25	19		12	31	19		
MO.	DAY	YEAR	TO	MO.	DAY	YEAR												
11	25	19		12	31	19												
4. <input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 14,115.90															
5. <input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ - 0 -															
6. <input type="checkbox"/>																		
7. <input type="checkbox"/>																		
8. <input checked="" type="checkbox"/>																		
		YES	NO	<input checked="" type="checkbox"/>														
		YES	NO	<input checked="" type="checkbox"/>														

AFFIDAVIT SECTION

1. If statement is filed on behalf of a Political Committee or Candidates Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
30 DAY OF **January** 20**20**
Rebecca A. Cowley
 SIGNATURE
 MY COMMISSION EXPIRES **08 11 2021**
 MO. DAY YR.

Rebecca A. Cowley
 SIGNATURE OF PERSON SUBMITTING REPORT
REBECCA A. COWLEY
 PRINTED NAME
412 728-2036
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, NO. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
27 DAY OF **JANUARY** 20**20**
John H. Daneri
 SIGNATURE
 MY COMMISSION EXPIRES **MAY 21 2020**
 MO. DAY YR.

John H. Daneri
 SIGNATURE OF CANDIDATE
JOHN H. DANERI
 PRINTED NAME
814 392-6774
 AREA CODE DAYTIME TELEPHONE NUMBER