

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2020	12/31/2020	2021 JAN 28 AM 10:37 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	14,115.90	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	14,115.90	
D. Total Expenditures (From Schedule III)	\$	1,300.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	12,815.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
20th day of January 2021
Jonathan L Horner
 Signature

x Rebecca A Conley
 Signature of Person Submitting report
REBECCA CONLEY
 Printed Name

My Commission expires 11-10-2024
 MO. DAY YR.

412 Area Code 728-2036 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.
 I swear (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
19 day of JANUARY 2021
Ann Styn
 Signature

John H Daneri
 Signature of Candidate
JOHN H. DANERI
 Printed Name

My Commission expires 06-24-2024
 MO. DAY YR.

814 Area Code 392-6774 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Anne Styn, Notary Public
 Erie County
 My commission expires June 24, 2024
 Commission number 1269685

Commonwealth of Pennsylvania - Notary Seal
 Jonathan L. Horner, Notary Public
 Allegheny County
 My commission expires November 10, 2024
 Commission number 1377683
 Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	SUPER SOUL SATURDAY	Date [MM/DD/YYYY]	\$	250.00
House #	Street Address	Description of Expenditure		
	P.O. BOX 1772			
City	State	Zip Code		
ERIE	PA	16512	PROGRAM SPONSOR	

To Whom Paid	COMMITTEE TO ELECT DAN LAUGHLIN	Date [MM/DD/YYYY]	\$	250.00
House #	Street Address	Description of Expenditure		
	4619 AUTUMNWOOD TRAIL			
City	State	Zip Code		
ERIE	PA	16506	FUNDRAISER	

To Whom Paid	VALLEY OF ERIE SCOTTISH RITE	Date [MM/DD/YYYY]	\$	800.00
House #	Street Address	Description of Expenditure		
	4701 OLD ZUCK ROAD			
City	State	Zip Code		
ERIE	PA	16506	GOLF TEAMS SPONSOR	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		