

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 checked="" type="checkbox"/>	Committee	<input 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		Termination Report	
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<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

<p>19 day of JANUARY 20 21</p> <p><u>Anne Styn</u> Signature</p> <p>My Commission expires 06 MO. 24 DAY 2024 YR.</p>	}	<p><u>John H Daneri</u> Signature of Person Submitting report</p> <p>JOHN H. DANERI Printed Name</p> <p>814 Area Code 392-6774 Daytime Telephone Number</p>
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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

<p>____ day of _____ 20____</p> <p>_____ Signature</p> <p>My Commission expires _____ MO. _____ DAY _____ YR.</p>	}	<p>_____ Signature of Candidate</p> <p>_____ Printed Name</p> <p>____ Area Code _____ Daytime Telephone Number</p>
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Commonwealth of Pennsylvania - Notary Seal
 Anne Styn, Notary Public
 Erie County
 My commission expires June 24, 2024
 Commission number 1269685
 Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

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	PROGRAM SPONSOR				
ERIE	PA	16512					
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	FUNDRAISER				
ERIE	PA	16506					
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	GOLF TEAMS SPONSOR				
ERIE	PA	16506					
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					