

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	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JOHN H. DANERI - DANERI FOR DA																	
STREET ADDRESS P.O. BOX 344																	
CITY ERIE		STATE PA	ZIP CODE 16512 -														
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE DISTRICT ATTORNEY		DISTRICT NO.	PARTY R	DATE OF ELECTION MO. DAY YEAR 11 5 2019												
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY														
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>21</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>21</td></tr> </table>		MO.	DAY	YEAR	1	1	21	MO.	DAY	YEAR	12	31	21	2019 JAN 31 PM 1:08 (Vertical stamp)		
	MO.	DAY	YEAR														
	1	1	21														
	MO.	DAY	YEAR														
	12	31	21														
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>12,815.90</u>															
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>- 0 -</u>															
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>													
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>													

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's 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 SWEAR (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			SIGNATURE OF PERSON SUBMITTING REPORT		
28 TH DAY OF <u>JANUARY</u> 20 <u>22</u> <u>Anne Slyn</u> SIGNATURE			<u>John H Daneri</u> SIGNATURE OF PERSON SUBMITTING REPORT JOHN H. DANERI PRINTED NAME		
MY COMMISSION EXPIRES <u>06</u> <u>24</u> <u>2024</u> MO. DAY YR.			<u>814</u> <u>392-6774</u> AREA CODE DAYTIME TELEPHONE NUMBER		

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

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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			SIGNATURE OF CANDIDATE		
_____ DAY OF _____ 20____ _____ SIGNATURE			_____ PRINTED NAME		
MY COMMISSION EXPIRES _____ MO. DAY YR.			_____ AREA CODE DAYTIME TELEPHONE NUMBER		