

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. CANDIDATE		2. COMMITTEE		3. LOBBYIST																						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>JOHN H GROH</b>																														
STREET ADDRESS <b>603 MONTPELIER AVE</b>																														
CITY <b>ERIE</b>				STATE <b>PA</b>		ZIP CODE <b>16505-1526</b>																								
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION																							
6TH TUESDAY PRE-PRIMARY 1.	<b>MILLCREEK TWP AUDITOR</b>				<b>Dem</b>		MO.	DAY	YEAR																					
2ND FRIDAY PRE-PRIMARY 2.							<b>11</b>	<b>3</b>	<b>2021</b>																					
30 DAY POST-PRIMARY 3.																														
6TH TUESDAY PRE-ELECTION 4.																														
2ND FRIDAY PRE-ELECTION 5.																														
30 DAY POST-ELECTION 6.																														
ANNUAL REPORT 7. <input checked="" type="checkbox"/>																														
<table border="1"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="1">TO</td> <td colspan="3"></td> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td></td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										DATES OF REPORTING PERIOD			TO				MO.	DAY	YEAR		MO.	DAY	YEAR							
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TERMINATION REPORT?	YES	NO																												
FOR OFFICE USE ONLY																														

**AFFIDAVIT SECTION**

**PART I -**

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 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  
**13** DAY OF **JANUARY** 20**22**  
 Signature: *Judith Zelma*  
 Notary Seal: Judith Zelma, Notary Public, Erie County, PA. My commission expires January 11, 2025. Commission number 1212798.

SIGNATURE OF PERSON SUBMITTING REPORT: *John H Groh*  
 PRINTED NAME: **JOHN H GROH**  
 AREA CODE: **814** DAYTIME TELEPHONE NUMBER: **449 7264**

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  
 DAY OF 20  
 SIGNATURE OF CANDIDATE  
 PRINTED NAME  
 MY COMMISSION EXPIRES MD. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER