

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 <b>JOHN ADONIZIO</b>					
STREET ADDRESS <b>180 ROCK STREET</b>					
CITY <b>PITTSTON</b>		STATE <b>PA</b>	ZIP CODE <b>18640</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	<b>PITTSTON AREA SCHOOL DIRECTOR</b>		<b>3rd</b>	<b>DEM</b>	MO. DAY YEAR <b>05 18 2021</b>
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	RECEIVED 2021 JUN 14 PM 2:05 CAMPAIGN FINANCE DIVISION
30 DAY POST-PRIMARY	<input checked="" type="checkbox"/>	<b>05 04 21</b>		<b>06 07 21</b>	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO	

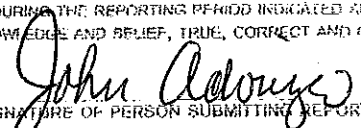
**AFFIDAVIT SECTION**

**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

<b>07</b> DAY OF <b>JUNE</b>	Commonwealth of Pennsylvania - Notary Seal <b>HAROLD WESLEY - Notary Public</b> Luzerne County My Commission Expires Nov 22, 2023 Commission Number 1177227	SIGNATURE OF PERSON SUBMITTING REPORT  <b>JOHN ADONIZIO</b> PRINTED NAME
MY COMMISSION EXPIRES	<b>570</b> AREA CODE	<b>764-6401</b> DAYTIME TELEPHONE NUMBER

**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. 329) AND AMENDMENTS.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

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

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 <input type="checkbox"/>													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>JOHN ADONIZIO</b>																		
STREET ADDRESS <b>180 ROCK STREET</b>																		
CITY <b>PITTSBURGH</b>			STATE <b>PA</b>	ZIP CODE <b>15201</b>														
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>PITTSBURGH AREA SCHOOL DIRECTOR</b>		DISTRICT NO. <b>3rd</b>	PARTY <b>DEM</b>	DATE OF ELECTION													
					MO. <b>05</b>	DAY <b>19</b>												
6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><b>03</b></td><td><b>01</b></td><td><b>21</b></td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><b>05</b></td><td><b>03</b></td><td><b>21</b></td></tr> </table>		MO.	DAY	YEAR	<b>03</b>	<b>01</b>	<b>21</b>	MO.	DAY	YEAR	<b>05</b>	<b>03</b>	<b>21</b>	FOR OFFICE USE ONLY		
MO.	DAY			YEAR														
<b>03</b>	<b>01</b>			<b>21</b>														
MO.	DAY			YEAR														
<b>05</b>	<b>03</b>			<b>21</b>														
2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>			CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			BOARD OF ELECTIONS LUZERNE COUNTY, PA 2021 MAY -7 AM 9:58 05 19 2021											
30 DAY POST-PRIMARY	<input type="checkbox"/>																	
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>																	
2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>																	
30 DAY POST-ELECTION	<input type="checkbox"/>																	
ANNUAL REPORT	<input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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  
30th DAY OF MAY 2021

John Adonizio  
 SIGNATURE OF PERSON SUBMITTING REPORT

JOHN ADONIZIO  
 PRINTED NAME

Harold Wesley  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

Commonwealth of Pennsylvania - Notary Seal  
 HAROLD WESLEY - Notary Public  
 Luzerne County  
 Commission Expires Nov 22, 2023 AREA CODE 570 DAYTIME TELEPHONE NUMBER 704-6401  
 Commission Number 117727

**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  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

\_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_