

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	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>MATT MARRIGGI</b>							
STREET ADDRESS <b>91 MAPLE LANE</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		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		1. <b>PITTSBURGH AREA SCHOOL DIRECTOR</b>		<b>3rd</b>	<b>DEM</b>	MO. <b>05</b>	DAY <b>18</b> YEAR <b>2021</b>
2ND FRIDAY PRE-PRIMARY		2.				FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY		3. <input checked="" type="checkbox"/>				RECEIVED JUN 14 PM 2:05 CLERK OF SUPERIOR COURT	
6TH TUESDAY PRE-ELECTION		4.					
2ND FRIDAY PRE-ELECTION		5.					
30 DAY POST-ELECTION		6.					
ANNUAL REPORT		7.					
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>05 04 21 TO 06 07 21</b>					
		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>					
		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

**07** / DAY OF **JUN**

*Harold Wesley* SIGNATURE  
 My Commission Expires Nov 22, 2023  
 Commission Number 1177227

Commonwealth of Pennsylvania - Notary Seal  
 HAROLD WESLEY - Notary Public  
 Luzerne County

*Matt Marriggi* SIGNATURE OF PERSON SUBMITTING REPORT  
**MATT MARRIGGI** PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER  
 570 885-0076

**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

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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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>MATT MARRIGGI</b>							
STREET ADDRESS <b>91 MAPLE LANE</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>3<sup>rd</sup></b>	<b>DEM</b>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	MO. DAY YEAR	TO	MO. DAY YEAR	<div style="border: 1px solid black; padding: 5px; text-align: center;">             BOARD OF ELECTIONS              LUZERNE COUNTY PA              9/21 MAY - 7 AM 9:58           </div>		
30 DAY POST-PRIMARY	3.	<b>03 01 21</b>		<b>05 03 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			<input checked="" type="checkbox"/>
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO			<input checked="" type="checkbox"/>

**AFFIDAVIT SECTION**

**PART I -**  
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SWORN TO AND SUBSCRIBED BEFORE ME THIS 3<sup>rd</sup> DAY OF MAY 2021

Harold Wesley SIGNATURE  
 COMMONWEALTH OF PENNSYLVANIA - Notary Seal  
 HAROLD WESLEY - Notary Public  
 Luzerne County  
 My Commission Expires Nov 22, 2023  
 Commission Number 1177227

Matt Marriggi SIGNATURE OF PERSON SUBMITTING REPORT  
MATT MARRIGGI PRINTED NAME  
570 AREA CODE 885-0076 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. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
 SIGNATURE

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

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_